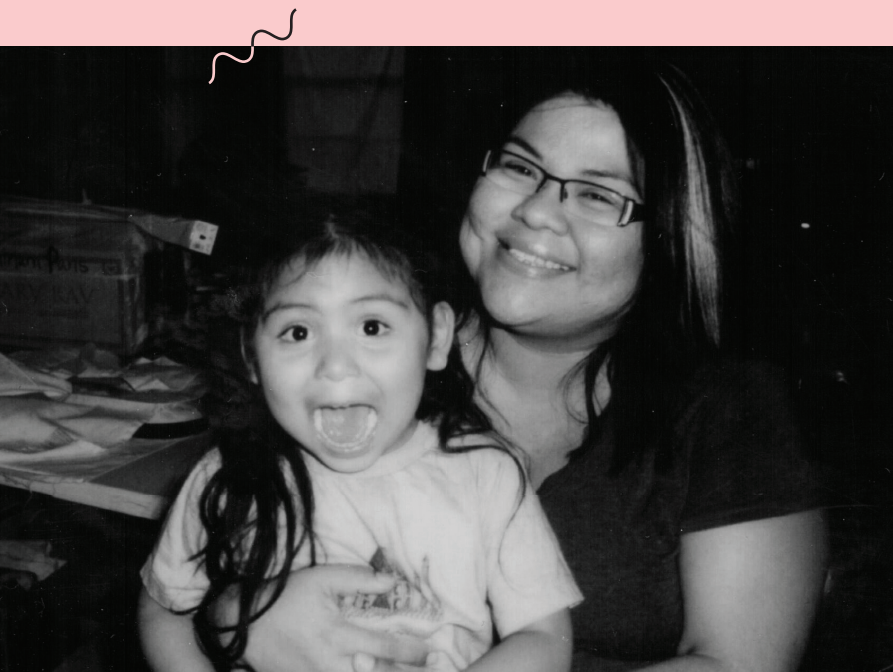




SPEAKING OUR TRUTHS



27 Stories of
What It's Really Like
to Breastfeed and Pump
in the United States

Speaking Our Truths

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Like to Breastfeed and Pump in
the United States



Make the Breast Pump Not Suck Project

This book is dedicated to the people
who so graciously shared their stories
with us – and to the mothers and
fathers everywhere trying to give
their kids the best start in life,
even when the world isn't set up for
their success.

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Introduction

Breastmilk saves lives, and billions of dollars in healthcare costs, but 78 percent of parents in the US are unable to nurse for the recommended time.

The WHO, UNICEF, the CDC, the American Academy of Pediatrics, and the Surgeon General all agree that exclusive breastfeeding for six months and breastfeeding plus food for one year is the optimal way to nourish new babies. For children, this practice protects against serious infections and misaligned teeth, leads to improved performance on intelligence tests¹ and reduces the risk of obesity and diabetes.² Ensuring the recommended six months of exclusive breastfeeding for all babies globally could save 823,000 babies’ lives each year.³

There are benefits for mothers, too. Women who successfully establish breastfeeding in the early months have a lower risk for postpartum depression.⁴ Long term, breastfeeding decreases the risk of breast cancer and could prevent 20,000 cases every year. It may also protect against ovarian cancer and diabetes.

If American women were able to meet the WHO’s public health goal to exclusively breastfeed for the first six months, the United States would save \$17.2 billion dollars in annual costs treating

preventable events, including infant and maternal deaths; SIDS; ear infections and partial death of the intestine in newborns; and heart attacks, diabetes and breast cancer in mothers.⁵ But right now, only 22 percent of babies in the United States are exclusively breastfed until six months. *Seventy-eight percent of the population is missing out on the single best, medically recommended way of feeding new babies.*⁶

Hospitals, medical professionals, public health agencies, insurance systems, product companies and workplaces are systematically failing breastfeeding parents.

Parents are getting the message “Breast is best” – but the postpartum world they must navigate burdens, degrades and isolates nursing mothers.

Seventy-six percent of births in the United States occur in a hospital that has not achieved “Baby Friendly” status, which means they do not support breastfeeding in the crucial minutes, hours and days after birth.⁷ Instead, many babies are separated from mothers at birth and given formula. Hospitals may or may not have lactation consultants on staff, and home visits from these professionals are generally not covered by insurance.

Even new mothers who successfully begin breastfeeding in the hospital will likely struggle to continue after discharge.

To establish a milk supply in the first few weeks of a baby’s life, parent and child must stay close. That is difficult in the United States, which is the only industrialized nation without federally mandated paid parental leave. (The only other countries that don’t provide paid leave are Papua New Guinea, Suriname and a handful of Pacific Island nations.) Only 14 percent of civilian workers in the United States have access to paid leave, and they tend to occupy upper-income echelons and work in tech, consulting, or finance.⁹ About 25 percent of mothers in the United States return to work 10 days after giving birth – when those who delivered a child vaginally are often still bleeding.¹⁰

Those who do manage to establish breastfeeding go to extreme lengths to make it work. The breast pump is used to provide babies with food while they are away from their parents and for breastfeeding parents to maintain a milk supply when baby is not available to remove milk from the breast. The Affordable Care Act requires insurance companies to cover pumps for new moms. Due to lack of industry minimum standards, parents who receive pumps through insurance must often make do with cheap, defective products.¹¹ Parents are pumping in dirty and inadequate rooms,¹² on punishing schedules, usually without much understanding or support from their workplace or social networks.

Parents of color, parents on limited budgets and LGBTQ+ parents – and their children

– suffer the most from these societal failures.

Structural racism, classism, patriarchy and other systems of oppression in the United States have rendered breastfeeding a luxury good: babies from well-off families get it, and other babies do not. Parents who have access to the infrastructure that supports breastfeeding – including longer parental leaves, health insurance that covers lactation consultants, jobs that allow for pumping breaks and supportive peers and co-workers¹³ – tend to be white, upper-income, well-educated, cis-gendered women. Breastfeeding initiation rates for Black American parents are significantly lower than breastfeeding rates for other moms in almost half of the country, and the disparity widens to 25 percent in 7 states.¹⁴ The implications are both tragic and preventable: *black and brown babies are four times more likely to die in their first year. And the rate is going up.*¹⁵

Our research

“What I know for sure is that speaking your truth is the most powerful tool we all have.”
— Oprah Winfrey at the 2018 Golden Globe Awards

As parents, innovators and community problem-solvers, we want to see innovation in breastfeeding that attacks all of these challenges. To catalyze that change, we knew that we had to start with storytelling – moving people to action with the gritty and

¹ Victora, Cesar G, Bernardo Lessa Horta, Christian Loret de Mola, Luciana Quevedo, Ricardo Tavares Pinheiro, Denise P Gigante, Helen Gonçalves, and Fernando C Barros. 2015. “Association between Breastfeeding and Intelligence, Educational Attainment, and Income at 30 Years of Age: A Prospective Birth Cohort Study from Brazil.” The Lancet. Global Health 3 (4). Elsevier: e199–205. doi:10.1016/S2214–109X(15)70002–1.

² Rollins, Nigel C., Nita Bhandari, Nemat Hajeighbhoy, Susan Horton, Chessa K. Lutter, Jose C. Martinez, Ellen G. Piwoz, Linda M. Richter, and Cesar G. Victora. 2016. “Why Invest, and What It Will Take to Improve Breastfeeding Practices?” The Lancet 387 (10017). Elsevier Ltd: 491–504. doi:10.1016/S0140–6736(15)01044–2.

³ Bartick, M. C., Schwarz, E. B., Green, B. D., Jegier, B. J., Reinhold, A. G., Colaizy, T. T., Stuebe, A. M. (2017). Suboptimal breastfeeding in the United States: Maternal and pediatric health outcomes and costs. Maternal & Child Nutrition, 13(1), e12366. http://doi.org/10.1111/mcn.12366

⁴ Watkins, S., Meltzer–Brody, S., Zolnoun, D., & Stuebe, A. (2011). Early Breastfeeding Experiences and Postpartum Depression. Obstetrics & Gynecology, 118(2, Part 1), 214–221. http://doi.org/10.1097/AOG.0b013e3182260a2d

⁵ Bartick 2017

⁶ Breastfeeding Report Card 2016 – Centers for Disease Prevention (CDC) – https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf

⁷ Baby-Friendly USA. https://www.babyfriendlyusa.org/about-us

⁸ Addati, Laura, Naomi Cassirer, and Katherine Gilchrist. 2014. “Maternity and Paternity at Work: Law and Practice across the World.” International Labor Organization.

⁹ Desilver, Drew. 2017. “Access to Paid Family Leave Varies Widely in U.S. | Pew Research Center.” Pew Research Center.

¹⁰ Lerner, Sharon. 2015. “The Real War on Families: Why the U.S. Needs Paid Leave Now.” In These Times.

¹¹ “Cut in reimbursement for breast milk pumps worries some moms,” New Haven Register, March 19, 2018 https://www.nhregister.com/news/article/Cut-

in-reimbursement-for-breast-milk-pumps-12765004.php

¹² https://ipumpedhere.org/

¹³ Purtill, Corinne, and Dan Kopf. 2017. “Breastfeeding Rates Are a Marker of Social Class in the US.” Quartz.

¹⁴ Racial and Geographic Differences in Breastfeeding – United States, 2011–2015. https://www.cdc.gov/mmwr/volumes/66/wr/mm6627a3.htm

¹⁵ Black and White Infant Mortality Rates Show Wide Racial Disparities Still Exist, http://www.newsweek.com/black-women-infant-mortality-rate-cdc-631178

raw details of how breastfeeding parents persist in a hostile society.

We wanted to center this understanding on the triumphs and challenges of parents most harmed by societal disparities and inequities: parents of color; parents from low-income backgrounds; and parents who identify as lesbian, gay, bisexual, transgender or queer/questioning. Given the intersectional¹⁶ nature of personhood, many people we spoke with experience multiple of these identities.

In this book we are honored to share stories of what it is really like to breastfeed and pump, from 27 parents living in New England, the Southwest, California and Mississippi. You will not read about every possible variety of human lactation experience. Rather, you will hear from specific people and their families about their thoughts on how identity and context influenced their breastfeeding outcomes. We have anonymized their identities to protect them and their families, and have presented each story with the consent and review of the participants themselves.

Notably absent from these stories is “chestfeeding,” a gender-neutral term that refers to human lactation for people (often, transgender men) who may not have or identify with having breasts. Some excellent narratives about chestfeeding can be found on Trevor MacDonald’s “Milk Junkies” blog¹⁷ and in associated publications.¹⁸ Relatedly, because not all people who feed their children human milk identify as “mothers,” we have often used the term “parents” as a way to point to the many different caretakers who are involved in the early childhood experience.

What we learned

While breastfeeding is often framed as a personal choice, we found that parents’ individual agency is grossly limited by the infrastructures of support that should make choice possible in the first place. Parents push themselves to their limits and take on entrenched barriers to do the best by their babies. Making the choice to breastfeed is often complicated, exhausting, or even heart-wrenching. The parents facing this difficult decision aren’t the problem. Instead, we see the need to change the systems that are failing them: hospitals, caregivers, insurance companies, workplaces, products and policies.

Accordingly, we’ve grouped the stories in this book by theme, to put the spotlight on the social structures, institutions and cultural norms that shape our options, mindsets, and experiences. These themes include lack of paid leave, workplace hostilities toward breastfeeding, biases in medical care, the impact of “pre-existing conditions” in birthing and breastfeeding, factors for building confidence over multiple births, cultural norms of “breast is best,” and the impacts of inadequate support for breastfeeding.

Our last theme (“When things go right”) focuses exclusively on people for whom breastfeeding was a largely successful endeavor. By highlighting positive experiences, we hope to counter unhelpful stereotypes about what kind of people do or don’t breastfeed. We admire everybody we met in the course of this research and came away inspired by their deep dedication to the health of their little ones.

How to use this book

For everybody

If you are inspired by the stories in this book and you only have the ability to do one thing, find a way to support paid family leave. Paid leave is the single most important intervention to increase breastfeeding rates. After ten years of paid family leave in California, median breastfeeding rates doubled. Organizations like Family Leave @ Work, MomsRising, PL+US, 1000 Days and the Center for Law and Social Policy are great places to find ways to take action, perhaps by signing a petition, making a donation, sharing your own story, launching a paid leave policy review at your workplace, or voting for elected officials who are fighting for paid leave.

For parents

You are not alone! For parents who have gone through similar experiences, we hope that this book helps to contextualize, validate, and normalize the experience you may have had. Many parents internalize “bad” outcomes, blaming themselves for not meeting their goals. We hope you can draw on these parents’ experiences along with your own to help make the world a friendlier, more supportive place for breastfeeding. Every person can make a difference – through advocacy, design, culture change or just listening to another new parent. For expectant parents, consider this book a foundation for thinking about what you might need to support breastfeeding in the period after the birth. Anjanette Davenport Hatter and her team at Harambee Care have created “My Lactation Plan,” a planning tool you can use, accessible at www.harambeecare.org.

For care providers

Consider the changes you could make in your own practice to reduce implicit bias, enhance culturally competent communication and implement evidence-based practices on breastfeeding. Advocate for better breastfeeding and pumping education for your fellow practitioners.

For designers and entrepreneurs

Use the insights collected in the “What could have improved the experience” section of each story to develop meaningful solutions to existing pain points for new parents. Refer to the stories as design personas to ensure that your team isn’t just innovating for the one percent. Equity and great design are not mutually exclusive.

For social technology companies

Consider how you might better organize evidence-based information about breastfeeding so that it is quick to find and easy to understand. Look for ways your product can support existing online communities and connect users to local, in-person lactation experts.

For employers

Think of this book as a “must-read” for your HR and managerial staff. How can your organization encourage parents to take the time they need to bond with a newborn? How can you ensure a comfortable environment in which to continue the breastfeeding relationship when parents return to work? What other supports could you provide that will retain talent, save money, and realize your organization’s goals?

For investors

Consider all the points of failure in breastfeeding as addressable market opportunities, not only for better products and services for parents, but also for optimization of medical service delivery across health systems, particularly in maternal health.

For advocacy organizations

To the extent that your organizations are building community-based networks of support for new parents and / or lobbying for improved policies, practices, programs and norms in your local or state context; use the experiences of the parents in this book as evidence of the need for your work. Share their stories in your grant-writing,

¹⁶ Kimberle Crenshaw, https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality

¹⁷ <http://www.milkjunkies.net/>

¹⁸ MacDonald, Trevor, Joy Noel-Weiss, Diana West, Michelle Walks, MaryLynne Biener, Alanna Kibbe and Elizabeth Myler. 2016. Transmasculine individuals’ experiences with lactation,

chestfeeding, and gender identity: a qualitative study. BMC Pregnancy and Childbirth, 16:106, <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-016-0907-y>

media outreach, and public engagement. Additionally, consider new narratives for supporting breastfeeding that don't imply blame or failure for parents who cannot meet their breastfeeding goals.

For pump companies

Consider what you will do to provide products and services that meet the needs of parents who struggle the most in the current paradigm. Your pump's design, features, cost, and accessibility through insurance are matters of equity. Innovation, quality and equity are not incompatible.

For insurance companies

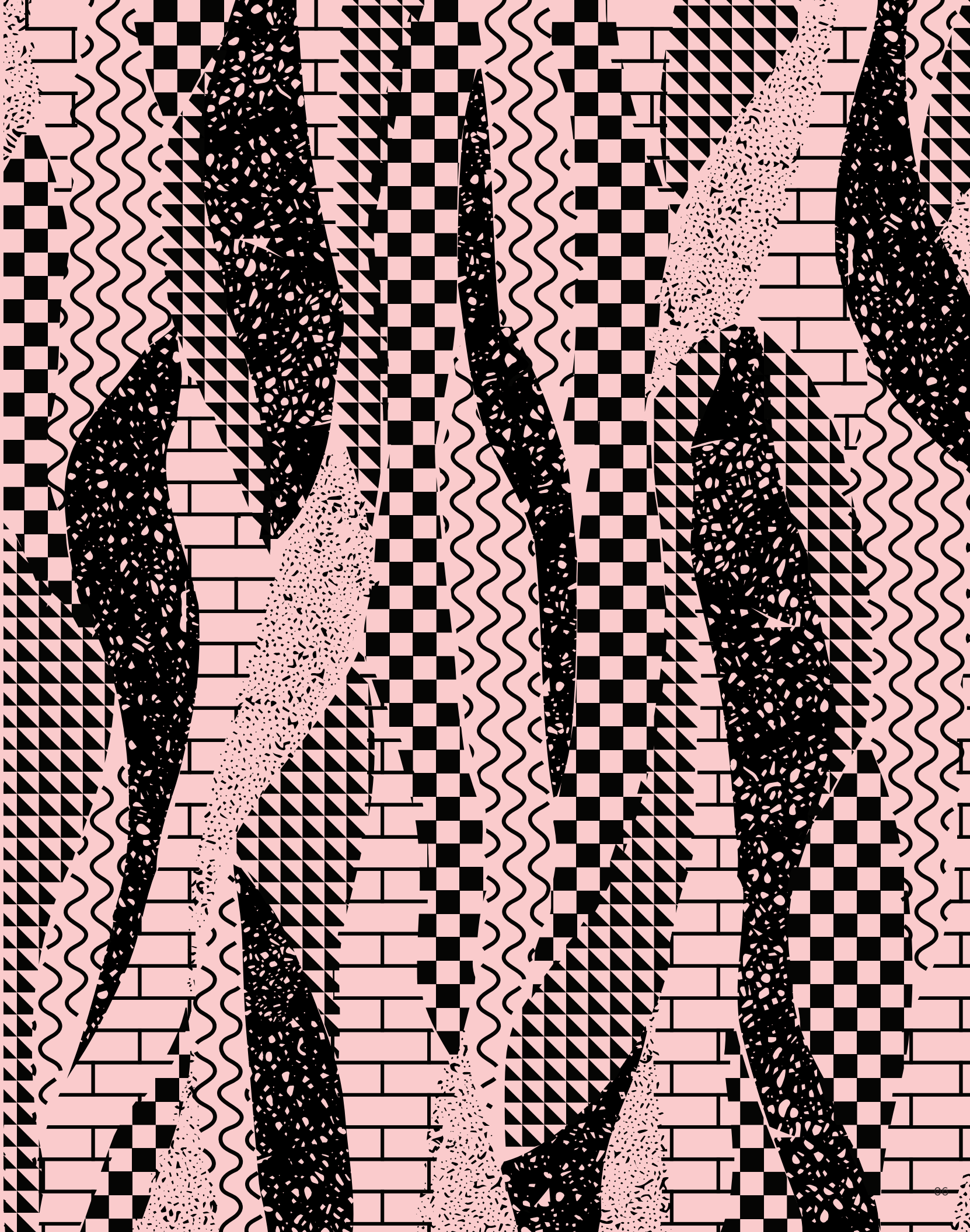
Reimburse and promote things like home lactation visits, breastfeeding accessories and higher quality pumps – breastfeeding strategies that are proven as preventative medicine and will save you money on treating avoidable maternal and child illnesses and deaths. Additionally, consider how to create more easily accessible information for your members about their breastfeeding benefits. Equity and profitability are not mutually exclusive.

For policymakers

Consider how the parents in this book – including marginalized but growing populations of part-time and low-wage workers – may be left out of existing paid family leave policies, campaigns and initiatives. How might we develop new strategies and coalitions that can ensure paid leave for the parents and babies in greatest need of it?

The breastfeeding paradigm we are living under now has a hundred points of failure. That makes it a hard problem to solve, but it also gives us a hundred points of leverage for change. Right now, we are pushing all that complexity onto parents, but we all have a role to play in catalyzing an inclusive and intersectional movement in breastfeeding innovation. Let's start that problem-solving journey by hearing about what it's really like to breastfeed and pump in the United States.

You can find full-length versions of many of our participants' stories online at www.makethebreastpumpnotsuck.com/researchandstorycollection





Birth and breastfeeding with “pre- existing conditions”

For some parents, pregnancy, birth and breastfeeding are made even more challenging by lifelong health conditions that have to be carefully managed. These parents have often had many previous experiences with hospitals, doctors and, in some cases, alternative medicine. Here we share the stories of two people who the medical establishment might say were “never supposed to get pregnant” and who managed to continue breastfeeding through very challenging physical and mental conditions.

“GABRIELA”

Lives in the urban Southwest. Parent of 5 month old. Media communications specialist. Identifies as American, born to an immigrant family from Ecuador; Married.

“I was told a couple of different times [from medical providers here in the Southwest] that I shouldn’t have a baby or I shouldn’t have a baby here. ‘We don’t have the resources to deliver a baby in those conditions.’”



Gabriela’s Breastfeeding Story

Because of complications during pregnancy and the overwhelming amount of information available, Gabriela didn’t have the mental bandwidth to research breastfeeding before her son’s birth. So it was definitely a shock when her milk supply took 3 days to come in, and she was faced with an 8-pound, 3-week early baby who was big and hungry. Once she got home from the hospital, she said the breastfeeding experience was “excruciating” and that she probably would have quit multiple times if not for her husband, who was cheering her on (and whom she worried about disappointing if she quit). Gabriela developed an oversupply; her son was “gagging” every time he tried to drink. Because she’d delivered the baby in another state, Gabriela didn’t know any local providers to help support her breastfeeding when she returned home. She used the local La Leche League Facebook group and Kellymom website as resources but felt as though she didn’t have a community that could offer much in the way of practical guidance.

By 4 months, Gabriela had figured out a few helpful positions to control the flow, and now she pumps just a bit before she feeds her son so as to relieve some of the pressure and not overwhelm him. This means that she has to plan her day carefully, because she can’t just sit down somewhere in public and nurse him, given the pre-nursing pumping routine. She says that she plans to use the pump “until he either matures enough that he can fully take the fast letdown or until my supply slows down. I mean it really is a necessity right now just for him and me.”



Q

Can you tell me a bit about your pregnancy?

A

“Because I have a blood-clotting disorder, pregnancy was very fragile for me. It took a lot of consideration. And finally when we decided we wanted to try and get pregnant, I went to a few doctors. And at the time, we were living [out of state]. And I found a pretty competent team of doctors that I really enjoyed. Before I became pregnant, we ended up moving back [to the Southwest]. So once I got pregnant, I decided I wanted to have the baby in [the previous city] with those doctors. ... It really had to be planned because of the medication I’m on. ... It was just very calculated, the way things had to happen. ... We lived in [the Southwest], but I was traveling monthly [out of state] for prenatal appointments. And sometimes [my husband] would come with me. Sometimes I’d go alone and leave at 6 in the morning

and come back at 8 at night, you know, on a flight. So that was the sacrifice that we decided was important to us.”

Q

Can you tell me a bit about the birth?

A

“It was a fantastic experience. The nurses were amazing. ... And they were from a wide variety of backgrounds and a lot of my nurses were immigrants, actually. I had a Chinese nurse, a Polish nurse, an Australian nurse, a couple of Americans, a Mexican nurse. We would learn from them. And everyone kind of did things a little differently but were extremely kind and extremely knowledgeable. ... And being a brand new parent is frightening. So having nurses by my side for 7 days was a luxury, I think.”

Q

Do you think there’s anything about your identity that has

influenced your breastfeeding experience?

A

“Having grown up born to an immigrant family but American, I’ve always existed in this space where I’m not one or the other. And, you know, my roots are very deeply entrenched in Ecuador, in Ecuadorian culture, having had my grandparents help raise us, basically, and live here with us. But essentially being American and having grown up in American society, sometimes I feel like I could be a breastfeeding mother who’s tending to her crops while having her baby on her back and stopping to breastfeed in the field, you know. I’m not far removed from that. ... Yet here I am. ... And in the United States I also feel like breastfeeding is hugely important, and American culture tells us that this is the way we should be feeding our children. So I think both those worlds collide and say that in every way you should be breastfeeding your child.”



What could have made it better

- Having a healthcare team that believed in her ability to have a healthy pregnancy and successful delivery from the beginning, in the state where she lived
- Local lactation professional to support her once she returned home
- More local spaces to breastfeed – “a space for breastfeeding should be required in the building codes”



“SARAH”

Lives in California. Parent of an 18 month old. Education professional. Identifies as white; Married.

“The only way out was to succeed where everybody said I couldn’t.”



Sarah’s Breastfeeding Story

Complications from a chronic health condition combined with the long-term effects of childhood abuse meant reproduction was a tremendously challenging journey for Sarah. During labor, Sarah started experiencing the symptoms of an undiagnosed infection. She remembers almost passing out before she had an epidural. When her son was finally born, the medical team “flipped out” when her son wasn’t breathing, creating a feeling of mayhem and confusion. One of her providers yelled, “Where’s the fucking NICU doc?!” Sarah had to rely on her doula to explain what was happening, since the doctors and nurses refused to answer her questions. Her son was whisked out of the room, and her first chance to hold him came 16 hours later, once the doctors determined she wasn’t an infection risk to him.

As soon as her son reached her, he latched right on, “like I was being attacked.” She learned that the nurses were feeding him almost 5 times the amount of recommended formula. The first night they spent together, her son cried all night, since he was used to more nutrition than her body was producing. Sarah felt very angry about the situation and demanded to see a lactation professional before her discharge. They set up a supplemental nursing system (SNS) so that her son could kickstart her milk supply while simultaneously receiving nutrition through a bottle of formula. Facing other challenges when she got back home, Sarah got help from a support group that she’d spent months going to while she was pregnant. The woman running the group persisted in getting her son to latch. “That’s probably what saved me,” Sarah said.

Photo — “Sarah”

Q

What was your experience of breastfeeding through severe mental health challenges?

A

“Somebody asked me, ‘How do you know you’re safe?’ And I went, ‘Because I have this infant who demands 110%. I don’t have the option of not feeding him.’ Like I think breastfeeding kept my sanity, because of that demand. And I mean when my depression and anxiety was the worst he was usually cluster feeding. ... Yes, I can’t take my medicine that I used to take. But I think [breastfeeding is] what’s making it safe. Like it’s the stabilizing factor. It’s because I know for a fact that he will cry, my milk will come in, he will nurse, and I will have to cope.”

Q

Can you tell me about your transition back to work?

A

“At the beginning of my second trimester, I talked to my

boss about how do they handle pumping usually. And they said, ... ‘Send a email in and we’ll work with you. We’re very supportive and it’s not an issue at all.’ ... I got back and I had the schedule she had suggested ... [Except for] the 3 times a month when we had staff meetings. ... Because from my lunch to the end of the staff meeting would be almost 5 hours. ... I would start breaking out in a sweat. And I’d be in pain from being engorged. ... So when I asked my boss about coming 5, 10 minutes late to the staff meetings, I got a email back that it was an essential job function. And if I couldn’t do my essential job functions, then they would have to reevaluate my employment.

I immediately contacted my union rep, because we’re union. And their response was, ‘They can’t do that. That’s illegal.’ ... But we’re the excluded class. Teachers are part of an exclusion to the labor laws. ... So they either provided me the support, or I was going go out on medical leave again. And it would be a separate disability. Which means they would have to pay for it.”

Q

What effect has that experience had on you?

A

“[I had recently been participating in union negotiations and] didn’t even leave the room to pump. Like I just hooked up in the middle of conversation. ... On one hand, I probably shouldn’t enjoy the fact that [the lead negotiator for the other side] was so uncomfortable. ... It would just totally derail all of his thoughts as he tried not to watch me. ... I have become very vocal in things [that] need to change. I was one of 3 [teachers who] came back [from family leave]. I’m the only one, I think, that managed to pump through the first year. Most [teachers] I know don’t make it 6 months pumping.”

What could have made it better

- Better communication from the lactation/nursing staff at the hospital about the amount of formula her son was getting
- A supportive working environment that offered modifications to her teaching schedule to accommodate pumping, even though they were not legally required





When medical care leaves a lot to be desired

Many of our research participants mentioned health care experiences that left them feeling annoyed to downright traumatized. Many women of color who reported these experiences during both the birth and breastfeeding phases wondered whether they might have received different treatment if they had been white. Many participants reported getting conflicting or ill-informed breastfeeding guidance from doctors and nurses, “pushy” or culturally inappropriate care from lactation consultants, and even medically dangerous interventions that had serious health complications for themselves and their babies.

“MRS. DLEGACY”

Lives in New England. Parent of an 11, 7, and 5 year old, and a 17 month old. Peer lactation counselor. Identifies as Black; Married; Speaks Haitian Creole, French, English.

“I’m the peacemaker, the person who encourages and empowers. ... I love education and learning – anything that I can learn to benefit me helps, but the purpose of learning is also to help share it with other people. It’s not good if it just sits in a book.”



Mrs. DLegacy’s Breastfeeding Story

While working as a caretaker for a young man with some behavioral challenges, Dominique got her first observation of a breastfeeding mom up close. She said it was “fascinating,” because although people who lived in her house had babies, they had never discussed breastfeeding. Dominique became focused on learning all about breastfeeding and would take notes when the child’s mother told her how to feed the baby frozen breastmilk.

When she herself became pregnant, she says, “I knew I was breastfeeding, I didn’t care how.” When the baby was born, he latched pretty easily, and she doesn’t remember any problems. It helped that her husband’s mother had breastfed him, and she offered words of encouragement to Dominique, telling her how much her own husband liked to breastfeed and letting her know she was proud of her. It also helped that her husband was supportive, since he was the one giving the baby bottles of her breast milk when she went back to work. He understood the importance of breastfeeding to her and told her, “When you’re driven to do something, that’s it.” Since the first baby, she’s breastfed all of her other children, including the last one, who is still nursing on demand.

Photo — Rebecca Michelson

Q

What’s your gift?

A

“Woman is a born nurturer. ... That’s the importance of the role you’ve been given. This is a gift that you have control over. You need to do all of what you can because you only have one shot at it. If my children were shot or injured, I know I did all that I could do. They still served their purpose. ... My children are gifts given to me so that I can cultivate their purposes on earth while nurturing and supporting their individualisms. I want to always provide the best to myself and watch it continue to flow as a legacy towards my children and the many families I have encouraged to be the best self they will be.”

Q

How do you use your breast pump?

A

“I bring the pump when I go to a meeting or a training. It’s a



relief for me: if I don’t express milk, it starts going to my head. It’s an overload of energy that needs to be out of the body. Getting the milk out is really important. ... It’s like, ‘I’m too excited I have to pump! Ahhhh it’s coming!’”

Q

What is something you would redesign about the breastfeeding support experience?

A

“Patient care. If the person says ‘I want a bottle,’ they don’t say ‘try the breast,’ they just give it to them. Wait, what about skin-to-skin? With the white ladies, they try to help as much as they could. With the Black folks, it’s ‘Let me just check on you. [Pokes her belly] I have to make sure you’re still alive when you leave.’ ... With the NICU, if your Black baby is in the NICU and Black mom don’t come see baby, baby isn’t going to get care. There needs to be a team of color, I don’t care if you call it the ‘colored folks team.’ ... Let’s bring the old sisters. ...

Don’t hire white women that have been there forever. Hire people of color or white folks who are mixed – people who understand the culture.

You have to encourage Black folks. Don’t treat them like everybody else – they are vulnerable. [The postpartum environment] is hard, with 20 people coming in to check everything all the time. No – make it comfortable. You don’t know if they have been through a traumatic experience. They need a level of respect. ... They need to have rooms that look like them: think about the colors, maybe have a dashiki in the room. Get them back to that calmness, not all the beeps. ... [Make] them feel calm and not stressed so that they can nurse. You want them to have an experience they can never forget. Everybody needs that calmness: 2–5 days in the hospital and then they leave confident.”



What could have made it better

- More discussion about the body, pregnancy, and feeding options within her own community
- Removal of white healthcare providers’ biases in their care of patients of color
- More providers of color and treatment facilities that are warm, calming, de-stressing





“NANDINI”

Lives in California. Parent of 7 month old. Doctor. Identifies as South Asian, American; Married.

“I always say for her first birthday party I’m going to get a cake for myself with a cow on it or something; a cake to celebrate me for doing this really hard thing for a year.”

Nandini’s Breastfeeding Story

In the first few days, Nandini’s daughter lost a good bit of weight, perhaps because a C-section delayed Nandini’s milk production. The doctors told her she had to start supplementing with formula immediately. She now realizes it was the most junior resident who told her to do that, setting in motion a whole “code blue” 12 hours of pumping and supplemental nursing to increase her supply. About a day later, everything sorted itself out. Nandini’s expertise in medicine makes her wonder whether all of that was necessary. Might a more seasoned professional might have offered a wider range of options, including donor milk, while they waited for her milk to come in naturally? For breastfeeding questions, Nandini has relied on a “lifesaver” Facebook group for breastfeeding physician moms who work in medicine. She heard about this group from a friend and colleague who also recommended a “famous” lactation consultant in the area. This person came to their house 4 times after the birth to help with subsequent issues. Nandini feels fortunate that her insurance covered all of these visits.

Nandini was told when she was pregnant that she would have to squeeze pumping sessions in between patients, which in practical terms means making her patients wait. When she emailed the clinic director (an older white man) he at first didn’t respond. When prompted a second time, he mentioned something vague about “making it work.” Only by happenstance did a colleague hear her discussing the issue with a peer and inform her that that response was “illegal.” He offered to help her figure it out, having been through something similar with his wife.

Photo — Kate Krontiris



Q

Can you tell me about your pregnancy and your daughter’s birth?

A

“I had a very mildly elevated blood pressure on my first visit, and so they were like, ‘Oh, you’re at risk for pre-eclampsia, so we’ll probably have to do a lot of monitoring at the end and probably induce you at 38 weeks.’ And the whole time I was, like, ‘Oh my gosh, OB/GYNs are so conservative, they’re so cautious; this is all made-up.’ ... But then I ended up actually having postpartum pre-eclampsia, which is very rare. I would come across these moments of tension when I would feel like, ‘Oh, are they over-medicalizing a healthy young woman like OB/

GYNs can do because that’s their specialty?’ ... But then in the end, coming full circle and being very humbled and thinking, ‘Wow, they were totally right all along.’”

Q

Can you tell me about your transition back to work?

A

“My schedule is different every day. I don’t have a dedicated space, I don’t have my own office, and I don’t have dedicated time. So I rely on just my straight-up notebook every day to tell me and to remind me to do it. So literally every day I write, ‘Email catch-up and pump, rounds, pump.’ ... That is an additional mental load that I feel like women have, and breastfeeding women have, is that every single day I look at

my schedule for the next day and I think, ‘When am I going to squeeze in the pumps?’”

Q

How do you feel now about your decision to breastfeed?

A

“I’m proud of it; I’m proud that I’m giving this gift to my baby, but I also feel like it’s a burden that society has placed on me [to breastfeed my baby for 6 months without sufficient support to do so]. ... I felt empowered to [make these burdens more widely understood within the medical community] from [the perspective of] normalizing it and being an advocate. ... I think it’s become a huge cause that I care a lot about and something that’s very important to me that I just had not expected.”



What could have made it better

- More paid leave
- Better understanding of the range of feeding options among her postpartum care providers in the hospital
- A “culture” in medicine that supports breastfeeding among practitioners, even if the law doesn’t require accommodations



TAMELA

Lives in MS. Parent of a 6, 3 and 2 year old. Teacher, Bakery owner. Identifies as African-American; Single mother; Young; “Crafty.”

“I’m into helping people. I’m into children. What’s better than to help a mom who doesn’t know how to have a healthy birth, a healthy baby, by doing good things?”



Tamela’s Breastfeeding Story

Milk was already coming in when her first daughter was born, and Tamela didn’t have to guide the baby to her nipple. She just found it herself and nursed for 6 months until Tamela had a breast reduction surgery. Tamela had made a decision to do that before her daughter was born, and she wasn’t planning to have other children. Her doctor had not told her that when they do the surgery, they don’t reattach the nipple exactly as it was before, so her daughter wasn’t able to feed. Tamela gave her daughter donor breast milk instead.

Tamela’s second delivery went fairly quickly, and her daughter had a “perfect latch” on day one. For some reason, the doctors had her daughter sent to the nursery. Tamela thinks perhaps her daughter got a pacifier against her will, because when she came back her latch was not as good as it had been before. Fortunately, she had the support of a local midwife to troubleshoot. She breastfed her daughter for 7 months.

With her youngest child, Tamela made friends with another mom giving birth that day to a baby Tamela said looked just like her son. When Tamela had some supply issues, this friend gave her donor breast milk, so much that Tamela stored it and still uses it for “eye drops, ear aches, everything.” Her son, now 2, only just transitioned from breast milk to cow’s milk.

Photo — Tamela



Q

Can you tell me about your first daughter’s birth?

A

“I was actually in the middle of painting her room [when my water broke] ... I had [her] in 45 minutes of the time of getting [to the hospital]. ... The doctor came in and he was like, ‘But the baby’s not coming out yet.’ ... [I was] like, ‘Well, I know my body, and I know when there’s something exiting my body.’ He was like, ‘Well, I’m going to run upstairs and check on this baby and the mom, and all of that stuff, and I’ll be right back.’ And I was like, ‘By the time you get back, this baby is going to be out.’ He was like, ‘No, it’s not.’ So unfortunately he goes upstairs, checks on whomever he checks on, and when he gets back,

[the baby] was in my mom’s hands. She was half-way out. He comes in, pushes her back in, and when he gets prepped or whatever, he’s like, ‘Okay, you’re going to push here, 2, 3, whatever.’ And so we got her back out, but she wasn’t breathing. I don’t know for what reason my kid was pale when she came back out. ... Once he left, the nurse said that if he’s not in there to catch the baby, he doesn’t get paid for the birth. So that was why he pushed the baby back in. Then, come to find out a few months later, he had his license taken away anyway.”

Q

Can you tell me how you got started in birthwork?

A

“[My mom, who was my doula] went through this doula training

class. I was the babysitter for the moms who wanted to be doulas, that had children. I was in the room next door. [The leader] was like, ‘I know you can do this, I just know it in my heart.’ All of a sudden I was like, ‘Yeah.’ So I watched the children while the other parents – their moms – were getting their certification as to be doulas. I recently did my doula certification. ... I am almost certified as a breast peer counselor. I can do breastfeeding, lactation health, doula assistance, and all of that good stuff. My next thing is to train to be a midwife, so I can go into different states – you know, wherever people need me, or call me – and help deliver babies at home I don’t push my beliefs on other people, but these young moms, they don’t know some things. So if I can step in – I’m young, but I’m not that young – but I can step in and help out.”

What could have made it better

- A birth experience with her first child free of medically dangerous interventions by medical professionals
- Waiting longer to have her breast reduction surgery



Gaining confidence from one birth to the next

Many of the parents we spoke with had multiple birthing and breastfeeding experiences, sometimes in different hospitals or different states, often during different phases of their lives. One thing we noticed among many of these parents was that they became increasingly adamant about what they wanted over time. As they gained familiarity with medical processes, their own bodies and evidence-based practice, they made their requests known more quickly and vocally to their care teams. Often this resulted in greater agency in and success with the early lactation experience.



“JANET”

Lives in California. Parent of 4 year and 18 month old. Technology marketer. Identifies as Asian-American; Married.

“I had been too worried about being the squeaky wheel. ... Instead what I learned is, like, if you don’t ask questions, then you don’t get any answers. If you don’t speak up, there’s no opportunity for you to potentially have a better experience.”



Janet’s Breastfeeding Story

Before her first child was born, Janet believed that breastfeeding was optimal. When it took an extra day for her milk to come in, she said the hardest part was “watching my baby’s weight plummet and feeling like I’m a bad mom, since I can’t provide for my daughter.” While she appreciated that the hospital where she had her first child prioritized keeping the baby in mom’s room for bonding and breastfeeding, she was recovering from a long labor and emergency C-section and would have appreciated more help. Latching was okay, but nursing hurt, and it was clear that her daughter was hungry even after nursing. Janet also resisted giving her daughter formula until day 3, when she reluctantly “gave in.” Her daughter “ate a ton, smiled, and went to sleep with a big round belly,” making it clear that she had been very hungry. Janet feels that the emphasis on “breast is best” contributed to these early feeding challenges – she believes “fed is best” is more reasonable. For her second child, Janet felt much more confident. She proactively asked for lactation support and an SNS formula kit, in case her son needed it. Her milk came in much faster, and breastfeeding was much easier the second time around.

Overall, Janet counts herself fortunate to live in an area with great medical options. “If we lived almost anywhere else in the world, I wouldn’t be here anymore. I don’t think I would have survived either of my kids’ births.”

Photo — Kate Krontiris

Q

Can you tell me about your first child’s birth?

A

“My daughter was nearly a week late. Her heart rate would periodically fall off during non-stress tests, which caused some concern. My husband and I went in for induction on a Tuesday night, expecting that labor would start within a couple hours and that we would have a baby in our arms Wednesday morning. I had planned on a natural birth with minimal interventions. Instead, I labored for nearly 2 days before finally giving in and getting an epidural on Thursday and getting some sleep. Since my daughter’s heart rate kept dropping and then recovering after each contraction and was getting worse (it turns out the umbilical cord near her shoulder kept getting squeezed), my OBGYN strongly recommended a C-section Friday morning. Being nauseous, feeling very hard

Q

tugging as the baby is taken out, having several full-body shakes afterwards – I wish someone had told me these things would happen. I felt so confused and scared. I also had some unexpected issues during my surgery. I was on the table for four hours, after an extra urology consult and X-ray. Usually, a C-section typically takes 45 minutes.

After my daughter was born, we stayed at the hospital for four days. The nurses changed shifts every 6-8 hours, with a new traveling nurse (not a set team) coming through constantly. This meant that care wasn’t consistent, and things could be missed. In my case, I didn’t get pain meds. That first day, I didn’t feel well, didn’t want to eat, couldn’t imagine being able to get up and walk 24 hours after birth, which is the goal for C-section mamas. My husband talked to the nurse about this, and she was surprised that there hadn’t been any scripts written for me and quickly set up a regimen.”

Q

How did that experience affect your second child’s birth, if at all?

A

“I had a better idea of what to expect and had learned that I could and should speak up early and often. Be my own advocate. The first time when my daughter was born, I thought that the medical team knew best and my role was to follow directions. With my second C-section, when I started to feel nauseous, increasing pain, etc, I didn’t wait to let the anesthesiologist know. When my son was out, my body started shaking uncontrollably. The first time with my daughter’s birth, I thought, “Oh my God, I’m dying!” This time my feeling was, ‘This too will pass,’ and I was able to focus more on looking forward to getting to hold my son for the first time.”

What could have made it better

- Knowing what it’s like to experience a C-section and common reactions
- Information about what’s normal when starting to breastfeed: what it means for milk to come in, whether it should hurt when you nurse, uterine contractions, etc
- Lactation support beyond the first few weeks of breastfeeding



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SIBYL

Lives in Saltillo, MS. Parent of a 7, 4 and 1 year old, and a 3 week old. Stay-at-home mom and small business owner. Identifies as caucasian; Married.

“[For our home birth] it never was any kind of anxiety about what the doctor is going to think, what’s he going to say, what’s he going to make me do or not let me do. ... It was just like a cow giving birth in a pasture. Just free in the world. No worries.”



Sibyl’s Breastfeeding Story

Sibyl’s parenting and birthing experiences have been completely different for each of her children. Her first child was born premature and spent 11 weeks in the NICU. A combination of an emergency C-section and grueling health issues right afterward led Sibyl into a 2.5-year postpartum depression. Although she had wanted to breastfeed her child, his time in the incubator prevented the skin-to-skin contact she thought would bring her milk in. She remembers the nurses telling her, ‘Well you wouldn’t want to hold your baby right now anyways,’ which was exactly the opposite of what she wanted. The hospital brought a pump into her room for her to express milk but then had to take it back, leaving her without an electric pump for 2 days. Sibyl’s milk supply wasn’t enough to sustain her child, so they supplemented with formula and made a complete switch to formula when the baby was about 6 weeks old, in part due to Sibyl’s depression.

Their second child was born at term, and she seemed to have latched properly. They thought everything was fine until the baby was 10 months old, when they realized that she had a lip and tongue tie that had restricted her intake of nutrition. In retrospect, Sibyl says her daughter might have been termed “failure to thrive,” since she was such a tiny baby. Sibyl breastfed her third child until she got pregnant with her fourth. So far the newborn seems to be latching alright, in spite of some weight and jaundice issues. Sibyl and her midwife (without whom “nothing in four of my pregnancies/ breastfeeding experiences would have been possible”) are watching the baby carefully to see whether a possible lip tie will resolve itself.

Photo — Kate Krontiris

Q

Can you tell me about the births of your third and fourth children?

A

“[My third child] was [my first] vaginal birth after two C-sections. So that was awesome in itself. ... Each pregnancy, I’ve corrected something. ... While [the only health clinic covered by Medicaid in the area] says they’re not allowed to let you pick your doctor, I was very adamant about who was going to follow me in the care while I was pregnant with her. And being adamant in that way got me exactly what I was asking for. Because I wasn’t asking for anything unreasonable. I was asking for the one doctor that allows vaginal births, planned vaginal births. After C-sections. They don’t do vaginal births after C-sections. It’s almost unheard of. C-sections rates are real high, and especially for this state. And it’s come down this past few years but

it is still high. So yes, I sought him out. And he’s just wonderful.

[With my fourth, it was a home birth, which allowed me to] continue with my own life. My daily chores, the daily raising my children. ... I got to walk my baby down because that’s what works for me. I walked my driveway with my kids. I gave all of kids a bath. I got everybody ready for bed. Supper. I got to be me. I didn’t have to go to the hospital and withstand a 28 hour labor laying in a bed. You don’t progress laying in a bed. You just don’t. You have to continue with your normal life. ... There was like one person in every room of the whole house at all times. Because nobody ever left my side. ... It’s just really healing to know that I didn’t have to be bullied into an epidural. Pain medicine. ‘No, you can’t eat. No, you can’t drink. No, you can’t go to the bathroom.’ I did all that. ... [I was happy that we were] giving back to a local family. [Our midwife] is married and has children to

support and people she employs as well. Just giving back to the small business, just like we are.”

Q

Can you talk about what you did when you needed breastfeeding support?

A

“None of it would have happened if it weren’t for [my husband]. None of the breastfeeding. None of the encouragement. None of the skin-to-skin, because he would just say, ‘Keep trying. Just keep trying.’ And there wasn’t even a lactation consultant to be found anywhere. So we just kind of went at it our own way. ... [Being a stay-at-home mom also helped.] The working mom is on a timeline as far as getting the nursing down pat and before they can do that their 6–8 weeks are up and they have to learn how to pump/store/ bottle feed or just quit all together.”

What could have made it better

- Health care professionals who listened to Sibyl’s requests and did as she requested
- More information about lip/tongue ties earlier in her child’s life, so that they could take action
- An earlier awareness that being adamant about her wishes was necessary to get the birthing experience she desired



“MATTIE”

Lives in MS. Parent of 9 year old twins, a 3 year old and an 8 month old. Certified nursing assistant. Identifies as African-American; “Nerd.”

“When she was going to a cluster feeding, it was like I was trying my hardest, and just to keep hearing negativity, negativity, negativity ... My mom was just like, ‘You need to feed her more. You need to do formula because she’s hungry. You’re going to starve her.’”



Mattie’s Breastfeeding Story

Since when she was young, Mattie said that if she had kids, she would breastfeed them, in part due to education from a beloved aunt. When the twins came, “None of that happened, because I did not research. ... I kept telling them that I wanted to breastfeed. ... I didn’t know it was colostrum that was coming in at first. I was just like, ‘Okay, my milk’s not coming in. I’m not going to be able to feed my kids.’ And nobody told me, ‘Oh, that’s just your first milk. Your milk will come in later.’ ... And even then, mom, she was like, ‘You’re going to have 2 babies, so you always going to be feeding.’ So, I was like, ‘Yeah, I ain’t going to get no sleep. I’ll be cranky.’”

With her third child, Mattie tried again with the breastfeeding and made it to 2 months before cluster feeding started, something she wasn’t prepared for. Her mom again told her, She’s home, you need to feed her formula.’ Mattie said, “I’m like, ‘No, mom, I’m breastfeeding.’ And it just kept going to the point where it scared me again, because I didn’t have a lot of information about cluster feeds.” Mattie persisted with breastmilk until her daughter was 6 months and then switched to formula at her mother’s and partner’s urging.

With her youngest child, Mattie says she “went in guns blazing,” determined to breastfeed and not to be persuaded otherwise. And it worked – when her son was born, they did skin-to-skin, and she requested the guidance of a lactation consultant in the hospital who helped fix the baby’s latch. Even though her mom was still being “negative” at home, Mattie listened to the guidance of a good friend: “Don’t freak out, don’t quit. Keep going.” Eight months later, Mattie is still giving her son breastmilk.

Photo — Kate Krontiris



Q

Can you tell me about your pregnancies?

A

“[My first pregnancy] was just like the ones [that make] all the moms [say] ‘I can’t stand you,’ because it was just easy. ... They decided to induce me. ... I was having contractions, but it didn’t feel like contractions. ... I didn’t feel anything. But it caught on my side, and I kind of leaned to the side. My momma saw me doing it and she was like, ‘Y’all give her an epidural.’ And I didn’t want it. I actually wanted a natural birth, but being 19, it was like ‘Okay, your mom calls the shots basically.’ ...

With [my second pregnancy], that was traumatic because ... [my baby’s twin] brother passed in

the womb. ... [When I went into early labor, the doctor] called for an emergency ultrasound. When he put it on me, he was like, ‘Yeah, we’re going to prep her for a C-section.’... He said she literally had a handful water left and if they would have waited any longer, she definitely would have been in distress. So they couldn’t even put the needle in my back to just numb me. They had to put me to sleep. And they cut her out.

[With my fourth child, things] went a little smooth because I already knew I had to get a C-section, so I read everything I could get my hands on. I asked other mothers about their experience: ‘What should I get to make the process easier?’ ... I think it was more so the scare tactics. ... The doctor was telling me the way that they cut me, if I was to labor or to

have contractions, my womb could bust. I didn’t want that happen.”

Q

How have these experiences changed you, if at all?

A

“I use my Facebook basically as a platform and I share, ‘This is breastfeeding law. I can pump anywhere that I want to, with a cover or without a cover. It doesn’t matter. If you go offend anybody, you can move. I have the right to be here to breastfeed.’ And I started posting it, and I guess when [my mom’s] watching this, it’s setting in her mind this is normal. ‘You know, I got to be supportive as long as my grandson is fed, it’s fine.’ And she came around to it.”

What could have made it better

- Taking action to research information about birth and breastfeeding instead of waiting for her healthcare providers to give it to her
- Greater confidence in herself when her family members tried to persuade her to feed her children formula



Breastfeeding with inadequate support

For some people, pregnancy comes up unexpectedly, or outside the context of a two-parent partnership. Others lack close friends and family members with experience breastfeeding, people who could help first-time breastfeeders with the many things that can go wrong. Insurance companies often do not cover lactation consultations, so many parents have to pay out-of-pocket (if they can afford it). Still others find themselves in a desert of lactation expertise. Without accessible, in-person lactation support, these parents must turn to YouTube, Facebook, and Google for answers to their questions.



ALIDA

Lives in New England. Parent of a 5 year old and 3 month old. Nanny. Identifies as Guatemalan; Married; Bilingual (Spanish/English).

“Why do insurance companies cover things like contraceptives but they don’t cover visits with lactation consultants?”



Alida’s Breastfeeding Story

Alida is 28 and emigrated from Guatemala 8 years ago. She likes sports and cooking, particularly Mexican and Guatemalan food. She worked as a nanny for 7 years. When her baby was due she asked for paid maternity leave, but her employers refused. She is home with baby Matthew, but it’s placing financial stress on the family. Her pregnancy and birth were mostly smooth. But when her son was born they said he had low blood sugar and oxygen and needed to give him formula. They kept him for overnight observation, separated from her. This was a painful story for Alida to recall. She wished that some of the staff at the hospital had told her to pump and instructed her how to do it.

Alida believes that breastfeeding is healthier, but she has been struggling with low supply since discharge. Her mother makes her special drinks – “Tres Cereales” smoothies – to help increase milk supply. She received a pump at the hospital, but it’s not hospital-grade, and she doesn’t get much milk when she pumps. Her Medicaid-based insurance won’t cover a better one, nor visits with a lactation consultant. Around one month, she tried stopping the formula but the baby lost 2 and a half pounds, so she returned to combination feeding. Feeling isolated and without support, she started researching methods to increase her supply on the Internet. She is now trying a medication called domperidone, which she ordered online, but it is very expensive.

Photo — Catherine D’Ignazio

Q

Tell me about your start to breastfeeding.

A

“The hospital gave him formula from the moment he was born, because his blood sugar was low. So, with that, my supply dropped very fast, because I wasn’t stimulating my breasts to produce more milk. They didn’t tell me and didn’t even give me a pump when I left the hospital, and I later came back and asked them for one. ... They could have lent me one at the hospital so that I could pump while they were checking and monitoring the baby.”

Q

You noted a difference in pumps you have used.

A

“Yes, it happens because with the pump, I don’t extract much. Two ounces, 3 ounces, sometimes. But I think it has to do a lot with the pump, too, because I tried another one and it was much better. ... I want to rent a Spectra, but with my insurance I can’t, because it doesn’t cover it.”

Q

How have you sought support for breastfeeding?

A

“[My care provider] just said, ‘No, just attach the baby and it’s going to happen by itself,’ so I ended up having to pay a separate consultant. I payed almost \$200 to be able to see her once and then was supposed to go

back for a follow-up, but I never went back because it’s a lot of money. I called [my insurance provider] and they said ‘We don’t cover that, don’t even bother sending us the receipt.’”

Q

What helps you keep breastfeeding through your low supply issues?

A

“Because it’s the healthiest thing to do, and Matthew is better nourished. It’s something natural, it doesn’t have chemicals. [Babies] grow better, they don’t get sick as often, and it has a lot more vitamins. And also the bond between mom and the baby. ... He is happier when I give him breastmilk, I think. He seems happier, and he’s growing fast and gains weight super fast.”

What could have made it better

- Paid maternity leave to reduce financial stress
- Having the baby with her during the first 24 hours after birth
- Visits with a lactation consultant and a hospital-grade pump covered by her insurance
- Medical professionals willing to help her realize her goals, instead of having to turn to information on the Internet



“TERESA”

Lives in the urban Southwest. Parents of 5 year and 2 month old. Stay-at-home mom, part-time office receptionist. Identifies as Mexican-American; Married.

“I like being home and being there for my children if they get sick or [for] my husband. ... I’m the Mexican type. ... I also like to provide good nutrition to the little one. Plus, I think what also helped me breastfeed is that ... my husband makes enough money for me to stay at home.”



Teresa’s Breastfeeding Story

During Teresa’s stay in the hospital with her youngest child, the nurses had to keep reminding the lactation consultants to come check on her because her son “didn’t want to open his mouth.” Although Teresa eventually saw a lactation consultant, she says it was the nurses who gave her a nipple shield and offered the most useful information. At 2 months old, her son is only getting the tip of her nipple in his mouth when he feeds, and Teresa says she’s still not sure why that is. If she doesn’t use the nipple shield, her son gets really fussy. She hopes he will grow out of it, and in the meantime she’s trying different positions and letting him feed on her for what seems like all day. Her son doesn’t like the taste of formula, so if she has to go out, she will leave a bottle of pumped breastmilk with her husband or mother-in-law. Her pump came for free through her insurance, a benefit she discovered was possible from an ad that appeared on her Facebook feed after she searched for pumps online.

Teresa breastfed her first son for 16 months and is hoping to be able to breastfeed her newborn for a year. She will start working again for about 4 hours in the afternoons. She knows that she won’t be able to fit pumping into her busy working schedule and wants to make sure that she can be back at home to feed the baby.

Photo — Marya Errin Jones

Q

How does your family feel about breastfeeding?

A

“In public, [my family feels that the breast] is a private part, and you’re not supposed to be exposing your body and all of that stuff. But now I carry a cover with me and I even breastfeed at church. ... I guess since my mother-in-law didn’t really breastfeed, and my mom only breastfed me for one month, everybody is really closed to it. They don’t really approve of it. ... With my first son, I got really discouraged a lot of times because no one would help me out. No one would approve it, usually like, ‘Why won’t you just switch him to the bottle? It would be a lot easier.’ But I can’t – he didn’t even like a bottle. I

had to stick with the breast. ... And then, with [my newborn], I keep getting comments: ‘Do you make enough milk? How do you know he’s full?’ You know, it’s just those comments. And sometimes I feel like slapping people. ‘Yes, I make enough milk.’”

Q

What do you do when you need help with breastfeeding?

A

“[A local WIC peer counselor] has helped me a lot. She even came to my house with [my first son] because I was bleeding [from my nipples] and everything, and she came with some [nipple cream]. I always text her, ‘I need help’. ... She actually came to my house and gave [my first manual pump] to me. I didn’t even have to go to the WIC office. But she goes

above and beyond. ... I actually went to her house to go talk to her one day that I was really sad about it all. Just went to her house and talked to her. She made me feel better.”

Q

What keeps you going?

A

“Sometimes I feel like quitting, but I can’t, he doesn’t like formula. ... Plus, I always think that it’s only for a short time. They’re going to grow up and they’re getting solids and drink cow milk later. ... I throw away whatever other people say. I just don’t listen to them. I know what’s best for my children. And then I look at other moms that have breastfed, and I’m like, ‘Well, if they can do it, I can do it.’ So, that’s what I always put in my head.”

What could have made it better

- Less doubting from her family members about whether breastfeeding is best for her kids
- A breast pump that didn’t break for her first child
- A working schedule that allowed for more breaks to pump

“CARRIE”

Lives in the rural Southwest. Parent of 5 year old. Consumer loans and tax preparation professional. Identifies as Native American.

“Before, she was just this little baby that would sleep and cry and feed. ... I think what changed it is that not only realizing that she was mine, but that I was hers.”



Carrie’s Breastfeeding Story

Carrie tried to get her daughter to latch onto her breast after she was born, but she couldn’t feel any pressure from the baby’s mouth to indicate she was nursing. Carrie remembers asking the nurses for help and getting a quick rundown on how to breastfeed, but nobody actually showed her how to do it. Because she was afraid her daughter was hungry, Carrie opted for a bottle when she got home. Carrie was connected to the WIC office about a 40 minute drive away, but when she went over there, she didn’t feel comfortable “busting out [her] boob” to get help. She turned to YouTube for guidance and started using a manual pump a friend had given her to express some colostrum she could mix into her daughter’s formula. No one that she knew close by knew how to breastfeed; the friend who gave her the manual pump was 1 and a half hours away at the time. In spite of these challenges, Carrie succeeded in exclusively breastfeeding for the first 2 months of her daughter’s life.

Returning to work after 2 months, Carrie tried to keep up the schedule of pumping every 3 to 4 hours, including in the middle of the night, but after a while it was just too exhausting. She did continue to pump at work during her breaks for about 11 months, when her supply started to dwindle. Carrie is proud of how intelligent her daughter is, and that she knows quite a bit of her tribe’s language – even more than Carrie herself.

Photo — Marya Errin Jones

Q

Can you tell me about the birth?

A

“The hospital here, it’s not really advanced. I actually saw my sister give birth a year prior to having [my daughter]. And just the difference [between] what they were equipped with compared to here was completely different. ... I guess it was the attitude of the staff, they seemed nicer in [the major city]. ... The nurses seemed more attentive [for my sister’s birth]. It just seemed like they had more methods to getting her to calm her labor. With me, I really couldn’t move around because I was attached to all those fluids. ... I just had to stand up and just get my back rubbed, and that was it. I remember my sister having the ball thing and all that, but I really couldn’t do that. ... [The epidural] was another thing. The gentleman that was supposed to do it, he didn’t know what he was doing basically. So the only thing that got [anaesthetized]

was my right leg. ... And not even, like, fully up. Like, just from probably mid-thigh down. Because my toes were tingly, but as far as the rest of my lower half of my body, I felt everything [during labor].”

Q

What did you do when you needed help with breastfeeding and parenting?

A

“My mom did encourage me. She wanted me to breastfeed. But she didn’t. So she didn’t know how, either. ... I didn’t know anything really about breastfeeding. I wish my healthcare provider at the time would have brought it up to me more, or really emphasized how important it was to breastfeed her or to get her these nutrients. Because I didn’t find that out through my doctor. I found it out online. ... [Because of the poor relationship with her daughter’s father] I don’t think I felt like I had confidence to be forward and asking, like, ‘I don’t know how to do this, I need help.

Like, help me – show me how to do this.’ So, I think that had affected me, too.”

Q

Do you think there’s anything about your own skills and talents or about living in this area that influenced your breastfeeding experiences?

A

“If I don’t know how to do something, I will look it up. I think that’s motivating me. And then actually pumping and seeing it, I didn’t want to waste it. ... I just remember being at work, my boss is an older [Hispanic] lady. ... I worked with two older Navajo ladies, one of them, she did breastfeed her daughter. ... But it was just always this like, ‘Ah, that’s disgusting. You should cover yourself.’ ... And like now that I think back on what it was like growing up or even being at our [tribal area] for, like, dances or anything like that, I’ve never seen like anyone openly breastfeed, even covering themselves.”

What could have made it better

- Discussions with her prenatal care providers about breastfeeding before the birth
- More patient and thorough lactation support in the hospital
- Knowing anybody who breastfed or anybody who could provide breastfeeding advice close to where she lived
- A more positive relationship with her daughter’s father, more confidence to ask for help



“BLANCHE”

Lives in MS. Parent of 2 year old. Teacher, studying for Doctorate in education. Identifies as white; Single mother.

“I’m a teacher; I want my kid to be super smart.”



Blanche’s Breastfeeding Story

As soon as the doctors stitched her C-section incision, Blanche got to hold her son. She attempted to nurse him before the doctors took him to the nursery for monitoring, since he was technically premature. Blanche had read about the benefits of breastfeeding and knew it was something she wanted to do. Lactation consultants helped Blanche use a pump, and by the time she left the hospital she could feel that her milk had come in. They had also given her a nipple shield. Blanche said that although “they didn’t tell me anything was wrong with my nipples or anything, but for some reason, I don’t think he could get a good grasp. So, this really helped.” The lactation consultants at the hospital “were really trying to help me find a way to, like, be successful with it.”

Over the next 8 weeks that Blanche was home with her son, she was able to keep up just enough milk supply to meet her son’s needs, but not more. She found that she made more milk when her son took it directly from her breast versus when she pumped. “It was the pumping that was definitely, I don’t want to say a nemesis, but it was definitely a struggle more so than the nursing itself. I preferred nursing to the breast pump.” Although she had pumping accommodations at work, she found she couldn’t quite pump enough to meet her son’s hunger, so she would supplement with formula when necessary. He breastfed until 11 months, when he weaned himself.



Photo — Kate Krontiris



Q

Can you tell me about your pregnancy?

A

“It was not the ideal circumstance that happened, but now of course I’m extremely glad. But I left his father a little after Christmas. ... I was getting really sick. I guess stress and worry, and I was vomiting, not because of morning sickness. ... And of course, I was still teaching school. ... It was just a little overwhelming. Not a lot of support. You know, we had to keep it a secret. ... So, my blood pressure would kind of spike sometimes, and then it would be normal for a couple of readings, and then it would spike. ... I didn’t know about custody issues and things of that nature. I didn’t know if [my son’s father] would try to fight me.”

Q

Can you tell me about the birth?

A

“I went in just for my regular 36 week appointment. And [my doctor] was like, ‘Okay, well, things look good.’ He was like, ‘If something happens, I’m working this weekend. So let’s just go ahead and plan Saturday. ... Just come in Saturday, and we’ll see how things are doing.’

[When I went in, the doctor said] ‘Let’s go ahead, and we’re just going to start and see if you’ll dilate.’ ... I was rarely having contractions. I didn’t feel them, I didn’t know. Mom’s over there doing my nails. ... And they’re like, ‘You’re having contractions, but nothing is changing.’ ... And I’m like, ‘Look, let’s go with the game plan.’ I’m a planner. I have like this

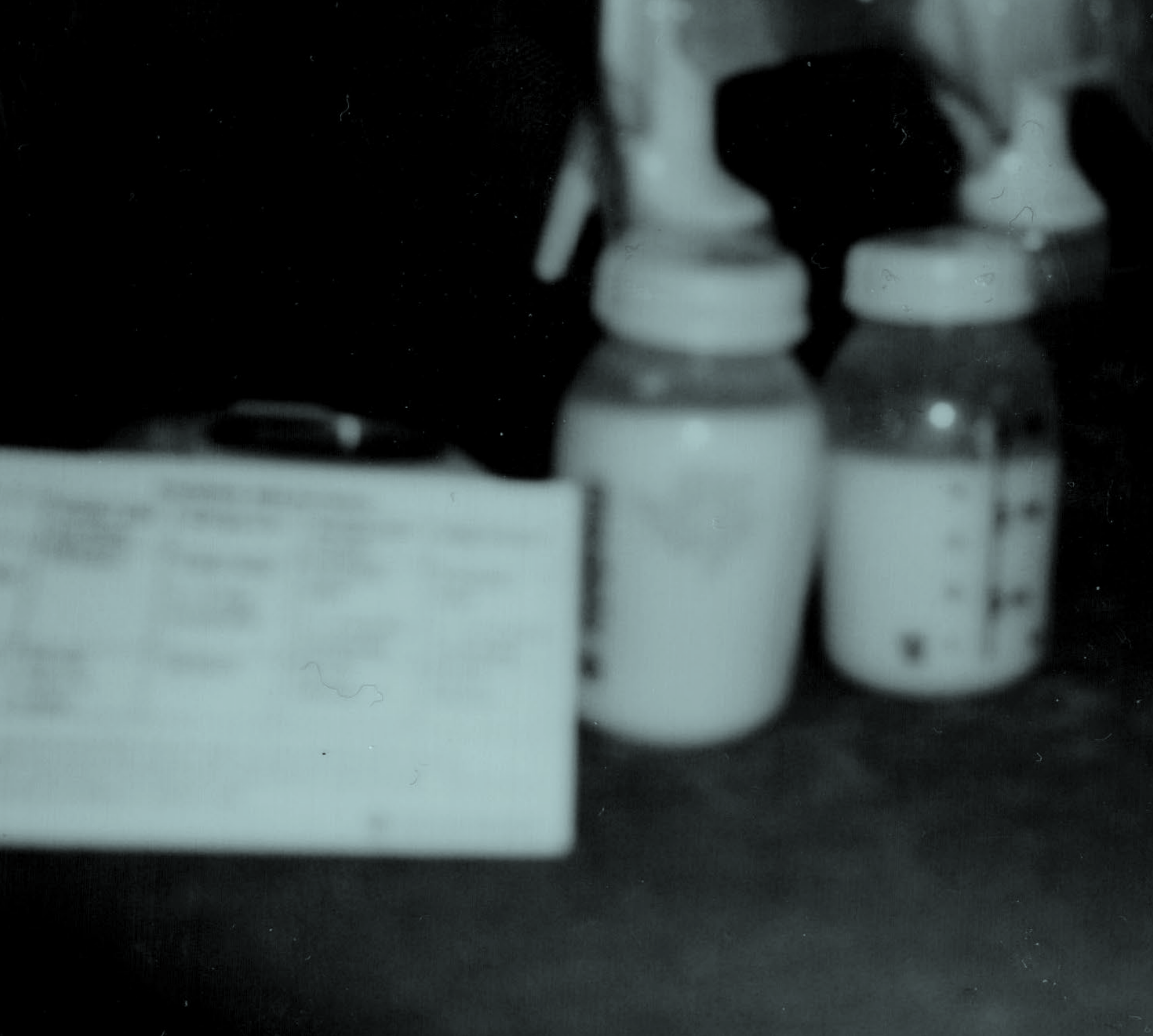
whole birth plan. I said, ‘This is important to me.’ ... So anyway, with that, I told them up front, ‘I want everything easy. I don’t want to strain. I don’t want it to be hard on [my baby].’ I said, ‘If it’s better for him to go ahead and keep doing whatever, let’s do it.’ And so, [the doctor said], ‘Well, we’re going to give it a few more hours, and if you aren’t dilated we’ll go ahead and do a C-section.’

Well, a few more hours come. Have a contraction, still not dilated, so we’re like, ‘Let’s just go ahead,’ ... With [my doctor] being on call, and I was comfortable with him. And he said, ‘You know, it’s not a size factor. It’s not that he’s unhealthy.’ He said, ‘I’d feel more comfortable if we went ahead and did it.’ And it wasn’t necessarily an emergency C-section or anything of that nature. It was just more or less, like, good for everybody who was there.”



What could have made it better

- More creative support from lactation consultants to help her build her milk supply
- More time home with her son before returning to work

A blurry, black and white photograph of baby bottles and a pacifier on a table. The image is out of focus, showing several baby bottles and a pacifier in the foreground and background. The lighting is soft, and the overall tone is somber and contemplative.

“Breast is best” .. but at whose expense?

The message “breast is best” is meant to reinforce evidence-based public health practices – but our American participants said they didn’t have the support systems, paid leave or knowledge to make that guidance easy to follow. Additionally, some parents’ bodies could never keep up with their babies’ nutritional requirements. As a result, parents tried all manner of interventions to boost supply, resulting in lost sleep, more stress and sometimes reduced supply. Many parents said they would have preferred to hear, at least once before their baby arrived, “combination feeding is OK.”

“ALICIA”

Lives in New England. Parent of 9 month old baby. Data analyst. Identifies as Mixed Race, including Latina; Married.

“I thought that to myself every day - whenever I would feel like quitting, ‘Never quit on a bad day.’ It was only until 7 months where I could think about quitting without it being because I felt discouraged or had a bad day.”



Alicia’s Breastfeeding Story

Alicia’s pregnancy was straightforward, but the labor was not – it lasted 4 days. Afterwards, the baby started losing more than the normal amount of weight and had trouble breastfeeding. After a few nights of endless crying, observing that the “baby was shrinking,” Alicia contacted a lactation professional. She confirmed that the baby wasn’t getting enough food and put them on a regimen of breastfeeding, followed by supplementing and then pumping every 2 hours, including through the night.

Even though her her pumping sessions would result “in drops,” Alicia continued pumping around the clock, 8 to 10 times per day, for 6 weeks. At around 6 weeks, her supply dramatically improved, and she was able to space out her pumps more. Still, she was never able to produce enough breastmilk to completely stop supplementing. Because she was unable to establish a direct breastfeeding relationship, Alicia ended up exclusively pumping for 6 months, even though those first 6 weeks were so emotionally challenging. She rented a hospital-grade pump and bought oatmeal treatments and supplements. She also explored purchasing some medicine to increase her supply, but decided not to because of the expense. Alicia eventually weaned her daughter at 8 months old. She is happy that she and her daughter had the experience of those “breastfeeding snuggles that are so sweet and so priceless.”

Photo — Rebecca Michelson

Q

Where did you get support?

A

“I cried every day for the first 2 weeks. ‘Why me? Why isn’t this going the way it should be? ... If I don’t breastfeed my baby, will she be this obese, dumb, poor person?’ ... Most of the research is pretty flawed; the evidence for the superiority of breastfeeding just really isn’t there. I was pissed. Then why did I do this? And why did everybody make me feel like I had to do this? But even then I kept going, because once you’ve done something for so long, you can’t give up now.”

Q

Do you think of this as an accomplishment?

A

“Yeah, sort of. I am really proud of myself for doing what I did. Sometimes I feel like, ‘Why am I proud of myself? That’s

so stupid.’ Maybe I shouldn’t have gone through that in the first place. Does that make me a better mother? Will it make that long-term difference that it was worth all of this pain and time? Then in some ways I feel like a failure. Could I have done something different? Was there something that I could have done to switch from pumping to breastfeeding more successfully?”

Q

Tell me about your transition back to work.

A

“Going back was terrible. I felt like 10 weeks was way too early. ... I felt really guilty about putting a tiny baby into the care of a total stranger who you know isn’t gonna give her enough attention. ... Of course everybody on my team is male. I have to come back to the men and be behind and be ‘the woman with the baby.’... I would say that it took 4 months of being back at work to feel like a normal

human who could do real work and be motivated and care about work. In that time, I wasn’t really showing my boss my true potential. I still feel a little bit like I have to recover from that now.”

Q

Is there anything about living in the area you do that you think influences the way you feed your baby?

A

“Part of it for me was, I’m sort of in this group that breastfeeds. Middle income people. I’m one of those women who is supposed to breastfeed. ... I live in [a lower income neighborhood in New England]. I’m Colombian. I feel like in a weird way both of those things made me want to defy the statistics. ... There was that and then I know that breastfeeding rates are lower among non-white women. That was sort of part of the reason why I wanted to be somebody who breastfed.”

What could have made it better

- Longer maternity leave to keep working on the breastfeeding relationship
- More nuanced, less pressure-filled messages about the benefits of breastfeeding
- More discussion about feeding options during prenatal appointments



“ELISA”

Lives in New England. Parent of a 2 year old and 8 months pregnant. Legal aid clinic program administrator. Identifies as Hispanic; Married.

“I remember passing [my screaming, 5-day-old son] over to my husband and full-on sobbing, because I was like, ‘This is not working, just take him, feed him [a bottle] somewhere else!’ ... I’m clearly not fine.”



Elisa’s Breastfeeding Story

Breastfeeding was very painful at the beginning, but Elisa was optimistic about giving it a try. When her baby first came home, it was hard to tell if he was latching right and if she was producing enough milk. At the baby’s first weighing, the pediatrician told them that the her son had lost too much weight and that they would have to supplement with formula. Elisa says that was the the start of a “very touchy emotional subject” for her. She could not bring herself to give the baby a bottle of formula and began pumping as much as possible to give her son breastmilk. Because she had struggled with infertility, the experience made her feel like she was “failing again.”

From there, Elisa became “obsessed” with researching every possible cause for the breastfeeding issues. In her research, she came across lots of imagery of white women, and stories and resources that seemed to be geared toward them. But weren’t their bodies the same as the bodies of women of color? Did it matter that the voice if women of color on this topic was not easily found or heard? Elisa became even more motivated to breastfeed and decided that she would exclusively pump, just like all these other women.

At that point, she was doing 6 pumping sessions per day, including in the middle of the night, and taking her pump with her wherever she went. She says she “felt like a crazy person” and realized that her supply was slowly diminishing. She didn’t know if it was the pump or her body. With her return to work imminent, Elisa realized something had to give, so she stopped pumping. She said, “It was that, like, internal struggle of kind of wanting to do something for myself, to prove that I could exclusively pump, even though it wasn’t something that [my son] maybe necessarily needed to survive. ... I shouldn’t want this selfish thing for me.”

Photo — Rebecca Michelson



Q

Can you talk about your pregnancy and birth experiences?

A

“My husband and I actually had a bit of trouble getting pregnant with our first. We spent 3 years trying before we went to a fertility doctor. ... [We] did a couple of rounds of IUI that did not work, and then moved onto IVF. And with the IVF, we did 2 – we inserted 2 embryos, and [our son] took. ... But because of that whole ordeal, it was already a lot of emotions involved in all these shots, and process, and anxiety around getting pregnant.

[The birth] was just such an intense, overwhelming feeling. And I thought, ‘Oh my goodness,

I actually did this.’ My body functioned. To gave birth to a human being. This is a strange concept, because it was so long of feeling like my body’s not functioning the way it’s supposed to. Because of having to do IVF. And so in that moment, feeling like, ‘Wait a second – good – good job, body!’”

Q

Can you talk about your transition back to work?

A

“My dad [who had been seriously ill] was staying with me. I was having to take him to appointments on a weekly basis. Trying to maintain some kind of sanity at home. [My husband] was at work full-time and in the middle of this huge project. So he was sometimes

even working weekends. [My son] didn’t really sleep. So I thought, ‘I can’t keep all of this up at all.’ ... I thought I was going to be ready to come back to work, but I was not. It was much more overwhelming, the process to leave [my son], than I thought it was going to be. At that point, right when I came back, it was a year from when I found out I was pregnant. So I’m like, ‘We’ve been together every day for a year.’ It was literally like leaving my arm behind. ... It was an extremely hectic time, and I remember like feeling increasingly overwhelmed with each day. And then I decided to go see a therapist, because ... every time I was thinking about all of the things that I had going on, I would like completely break down in tears. I thought, ‘This is not how things should be going right now.’”

What could have made it better

- Breastfeeding classes that go beyond “positions and pillows” and talk more about the potential challenges, including pumping
- More thorough lactation assessment at the hospital; proactive, long-term lactation support to check how parents are doing back at home
- More support with family obligations in order to focus just on her baby and herself at the beginning





“NIYATI”

Lives in New England. Parent of a 9 month old. Engineer / Project Manager. Identifies as Indian-American; Married.

“Everywhere during a pregnancy, you hear ‘Breast is best.’ I want to hurt the person who came up with that.”



Niyati’s Breastfeeding Story

The lactation staff at the hospital where Niyati gave birth latched the baby on her breast, instead of teaching her how to do it herself. She mostly remembers instruction on how to place pillows for support, but nobody ever checked carefully to see if her breasts were producing any colostrum (something she later learned she could check herself). When they brought their baby home, Niyati thought they had a “good baby,” because she was sleeping a lot. From their pediatrician, they learned the baby’s weight had dropped considerably by day 4 and that she was dehydrated; they were told to supplement with formula. A lactation consultant asked to give the baby some formula, and “that’s when we learned that she was probably starving, because she took down one of those little premade formula mixes. ... 60 mL’s? In about 30 seconds.” Niyati remembers that moment as “heartbreaking.”

Niyati started pumping and seeing the lactation consultant every 3 to 4 days for a good month or so. She also started going to a weekly breastfeeding group where a lactation consultant provided customized troubleshooting for the new moms, teaching positions that Niyati had not learned in the hospital. This specialist told Niyati to pump 10 times a day, every time the baby ate. Niyati took on this challenge seriously, pumping every 3 hours for about 3 and half months, including waking up at night for a pump. Niyati is still breastfeeding her daughter, who wakes to feed during the night. She’s still not sure what caused her supply to come in so late. As of publication, Niyati reports that she and her daughter managed to make it to one year of breastfeeding.

Photo — “Niyati”



Q

What were your motivations for breastfeeding?

A

“It just seemed like a really good thing to do. I never really thought about, I just assumed it was going to happen. Didn’t realize how hard it was going to be. How time consuming, how mentally draining. All of that. And then, when I couldn’t, my type A side came in, and then I had to – which is a weird reason. But it was when I wasn’t able to do it, I had to do it. Now, I enjoy that it’s our daily baby-mommy time.”

Q

What was your experience with the pump like?

A

“The pump: Well, the first time I used it, I didn’t know what to

do. They have instructions, but I had no idea. It was so foreign. It hurt. This weird contraption. ... So I wasn’t prepared on the Pump in Style [double-electric pump], which hurt. The Symphony [hospital-grade pump] was much better, and it was still was just – I don’t know. It was almost demeaning to be hooked up to this contraption, you know? ... Part of it, I think, was just being very unfamiliar with it. Just this weird tugging, pulling, I don’t know. It’s just a weight. Not a pleasant feeling. ... When I switched [back] to the Pump in Style 8 months later ... I actually noticed that the Symphony was no longer as efficient for me. And that, in the middle of the night, it would take longer to get [the milk] out, and I was bored. And I don’t know why it was, I don’t know if my breasts just got used to one or the other.

The timing: There’d just be no time to eat. There’d be no time to cuddle with her. It was just a matter of the cycle of nurse,

bottle, hope she takes a nap so I can pump. Calm her down so I can pump. Put her in a chair, whatever it is. Listen to her cry, so I can pump. You know, whatever. And then, having 15 minutes between the next time she wants to eat again. ... It’s a very grueling schedule that our society is not set up for supporting.

The equipment: I looked into this [type of flange] called Pumpin’ Pals. ... I had ended up with carpal tunnel in my wrists for a little while, because I was doing so much hands-on massaging while pumping. Now I put these suckers on, and now I can actually sit back and do my work on my laptop. ... [The customer service person, perhaps the owner himself] provided more information than anybody else I talked to on sizing, on fit [for the flanges]. ... For somebody who’s having trouble and not comfortable, knowing these exist, is huge.”

What could have made it better

- A postpartum plan, akin to a birth plan, that proactively sets up a ready support network
- Better lactation support at the hospital to assess her milk supply from the beginning
- Knowing that “Fed is best” is an important way to look at feeding a baby





“SUPRIYA”

Lives in California. Parent of 9 and a half month old. Biotech scientist. Identifies as Mixed, South Asian and White; Married.

“At one point I said, ‘Well my husband’s going to go back to work, how am I supposed to do [this triple feeding schedule]? And [the lactation consultant] said, ‘Oh, you can’t do this by yourself. Do you have a nanny or something?’ Like, ‘No. I don’t.’”



Supriya’s Breastfeeding Story

From the start, her daughter wasn’t gaining enough weight, and Supriya says that feeding was “super painful.” Her milk was delayed due to a treatment following birth complications, so the hospital staff started her on a regimen of breastfeeding, pumping and supplementing (“triple feeding”). Although this worked at the hospital with a team of people to help, it was “miserable” once Supriya and her husband got back home. It took a full month for her daughter to get back up to her birth weight, meaning that Supriya was triple-feeding every 3 hours around the clock for six weeks. Because it could take up to 2 hours to feed the baby, Supriya would often only get one hour of sleep at a time. Supriya remembers her husband as being “absolutely amazing through all of this. He really did everything he could to help.”

Regardless, Supriya found pumping itself to be very painful. Supriya managed to collect and inherit a bunch of different pumps and parts, so she started experimenting, mixing flanges from some companies with suction mechanisms of others. She finally found a “Frankenstein” combination of parts that wasn’t so painful, but she remembers being stressed about the amount of milk she spilled, given that the top-heavy flanges attached to bottles tended to fall over. A scientist working on research instruments, Supriya was shocked that all of the pumps relied on the user to maintain the parts. “We’ve designed [our instruments] so that the user just pushes a button [when they are finished.] They don’t even ever take it apart, clean it.”



Photo — Kate Krontiris

Q

What did you do when you needed help with breastfeeding?

A

“At first, the lactation consultant told me I need to go bigger [with the flange size]. But then the only thing that helped was to go smaller. ... Then, at my next lactation appointment, I brought them to her. And I said, ‘You said I should go bigger, but this is less painful.’ And she said, ‘Oh – maybe going smaller is what you need.’ ... You also have the pediatrician, who’s giving you different advice. And honestly, I think that’s where some of our confusion came from. It was the pediatrician who said she’s the right weight, so I could stop all this lactation extra stuff [too soon]. But the lactation consultant would never have told me to do that. The pediatrician’s only thinking about the baby. The lactation consultant’s only thinking about your supply. ...

I had my best friend’s friend [who] went through similar, really tough time with breastfeeding. ... she reached out to me. ... She really pushed me to say, ‘It shouldn’t hurt. You need to try another setup if it hurts, because it shouldn’t hurt.’ Because I just thought, ‘I guess this is just going to hurt forever.’

After I was pretty clearly having postpartum depression, I went to a postpartum depression support group. ... Almost everyone in that group, some piece of their PPD was related to nursing. ... I think for me, it was 3 things. ... I had a traumatic birth and a difficult recovery. ... Problems nursing. And no support. ... When [my husband] was here, things were manageable, but trying to do the triple feeding thing on the days he wasn’t here was a freaking nightmare.”

Q

What are your reflections on breastfeeding after this experience?

A

“I think one of the things that was really bad about the pumping and the triple feeding situation is that it took so much away from the bonding. ... Even though it was painful, I didn’t hate breastfeeding her. I hated pumping. And I enjoyed feeding her, and her falling asleep on me. And that was basically the only positive interaction I was getting with the baby. And then her screaming at me all day, and her sleeping in the carrier. None of those I found particularly bonding-y.

I almost felt like there was a problem, and there wasn’t a data-driven way for me to solve the problem. ... The solution was so hand-wavy. ... [If I have another child, I would tell myself] ‘I’m going to do this really hard thing for a week. And at the end of that week, I’m going to mentally give myself permission to stop doing it. But either way, I’m going to evaluate.’ And just keep setting milestones like that.”

What could have made it better

- Better data about for breastfeeding challenges and solutions
- Less physical pain and learning time to use a breast pump successfully
- Strategies for increasing milk supply that don’t come at the expense of mom’s sanity and mental health
- Medical and mental health check-ins 1 to 2 weeks after delivery, not 6 weeks after
- Lactation consultants keeping in mind the context into which they are offering advice



“TINA”

Lives in New England. Parent of a 3 year old. Entrepreneur. Identifies as Married, Chinese-American immigrant

“I couldn’t do it without my support system. I would be focusing on pumping, my husband focused on feeding the baby, my father-in-law would be focusing on washing bottles, and my mother-in-law focused on cooking. So, it had to be that way, so that none of us was exhausted.”



Tina’s Breastfeeding Story

Tina’s breastfeeding experience was quite different from the blissful one she had imagined. She experienced many challenges with latching and breastfeeding. After several days of trying she ended up in the emergency room with mastitis – an infection where the symptoms include engorged breasts and hardened milk ducts. She was ready to give up on breastfeeding but was inspired by a nurse who persuaded her to not give up. Ultimately, Tina exclusively pumped breast milk for 8 months, while working a job that required international travel. At times the travel conditions were very challenging for maintaining a charged pump and a safely-stored milk supply. While her work supervisor was supportive of Tina taking breaks to breast pump, she wishes the pumping room in the office was more warm and comfortable. Tina received “an assembly line” of support from her parents, in-laws and her husband. She could not have imagined breastfeeding as possible without her 24/7 support team of family members. Tina left her job to work on breast pump technology full-time. What drove her to serve her company’s mission is, “To provide solutions to future moms so that they don’t suffer as much as I did.”

Q

What was your first experience breastfeeding like?

A

“In the hospital, it was okay in the first couple days as my milk didn’t come in. But when we got home, it was a lot of trouble. ... We were still trying to teach her to latch. I was bleeding through my nipple. It felt more painful than the actual childbirth because you couldn’t use the epidural for breastfeeding. ... My breasts felt like two huge stones and hurt like crazy. When I talked to other moms they were like, ‘You have to endure it, and then after a couple days you heal and will feel better.’... Then I was crying, and my mother-in-law was cheerleading my daughter and saying ‘uck harder!’” So that’s when I stopped. When I look back, it could be that she had a tongue tie or lip tie – I just didn’t know.”

Q

How did you decide to keep breast pumping?

A

“The nurse saw me crying and saying that I wanted to quit because of nipple pain. It felt like she was blaming me for thinking of quitting. Then something she said changed my mind. She looked at my breast and said, ‘This is beautiful. It’s painful, but it’s beautiful because it means you can produce a lot of milk for your baby and that’s a lot of benefit for her.’ So that was what kept me going, although it was painful and inconvenient. But I knew it was the best for my baby. And that’s why I think breastfeeding or pumping is such a beautiful thing, that it just has to be easier so that more people will do it. ... There are just too many reasons to quit.”

Q

How did you decide to return to work?

A

“I had the option of unpaid, extended leave for another month or so, but I was eager to pay

off my student loan. So I took as little off as possible and most of the 2 months. It was 6 weeks paid maternity leave and then 2 weeks covered by my own holidays.”

Q

What could have been improved about your workplace?

A

“There’s a lot that my company could have done, like making the pumping room more comfortable. ... I also had to travel a lot for work, but it’s very hard to store or transport milk, so I had to dump a lot and it felt very wasteful. ... At work, it would have been nice to also have other moms share their experience and help each other troubleshoot. But there’s nothing formal for us to connect on this topic. So more diversity and inclusion kind of activities at work would have helped.”

What could have made it better

- Better experience of pumping while traveling
- A pumping room in the workplace that was warm and well aerated
- Products that help express more milk in less time



Left in the lurch without paid leave

Almost all of the working parents we spoke with had to return to their jobs within 6 weeks of their child's birth, and most took that time either *unpaid* or at a fraction of their salary. This is not uncommon – only 14 percent of civilian workers in the United States have access to paid family leave. Although almost everybody in our research paid some financial penalty for parenthood, we focus here on two parents whose leave options had particularly negative consequences on their breastfeeding goals and on their own well-being.

“ABBY”

Lives in the rural Southwest. Parent of a 17, 12, 10 and 3 year old. Human resources professional. Identifies as Native American; Married.

“[Our almost 3-year-old daughter] is very smart. Even her brother will tell me, ‘Nurse her, mom. Nurse her till she’s like 4.’ ‘Why?’ ‘So she’ll be really smart.’ And she is, she’s very smart. She’s already talking like in full sentences, and she understands what’s going on.”



Abby’s Breastfeeding Story

Abby focused our conversation on her experiences with the “boss” of the family, her youngest daughter. Abby worked right up until a week before her daughter’s due date, since she did not have any paid leave to care for the baby. Abby had access to short-term disability, which covered her salary at 60% for 6 weeks, after which she had to return to work. Her daughter was a week late and Abby remembers doing everything she possibly could to get labor going. This wasn’t just a matter of wanting to meet her new child; it was also to limit the financial implications for her family. Because her “date of disability” had been calculated based on the date of delivery, with a 14 day waiting period before benefits were payable, and because Abby hadn’t worked long enough at her job to qualify for FMLA, she ended up taking that extra week without pay.

When Abby went back to work, she would feed her baby before she left, come back again at lunch to feed her, and sometimes get in a feed if her husband was able to bring the baby to work. When this was no longer feasible, they began supplementing with formula, with Abby pumping for the first 6 months. The baby slowly transitioned to food and only recently stopped breastfeeding (after almost 3 years), a feat Abby was able to accomplish by putting bandaids over her nipples. She got the idea from YouTube.

Photo — Marya Errin Jones

Q

What were your motivations for breastfeeding?

A

“I think it wasn’t even really a thought as to whether or not I was going to breastfeed. I think I just knew that that’s what I wanted to do for [my first child]. At that point, I had already been hearing about ‘It’s better for the babies if you breastfeed’ or whatever. That’s just what I wanted to do. Plus, financially, I mean I wasn’t working, so I didn’t – my mom was the one who was really supporting us at the time, and I kind of felt bad putting a burden on her. So, she didn’t have to buy 3 meals. That was just a plus. ... My family. I remember watching – seeing them breastfeed. So, it wasn’t like a mystery or anything, or anything new. My sister breastfed her kids. ... With her oldest, I was

15 when she was born, so I used to help take care of her a lot. And she breastfed them. ... I was kind of shy and nervous doing it in public, but my mom used to tell me ‘He has to eat, so feed him. I mean, that’s not really an option of whether or not you’re going to feed him. He needs to eat.’ ... [My husband] was always supportive, too.”

Q

How do you think people perceive you breastfeeding?

A

“Well, with [our first son], we lived in [large city nearby]. And I remember at one of my WIC appointments when I went in, I think [they] just automatically assumed young girls feed formula, because when I was talking to the lady and she’s taking my information down and everything, and she asked me,

‘Well, what kind of formula do you use?’ I told her ‘I’m breastfeeding.’ And she just stopped and she looked at me, and she was, ‘What?’ Like, complete shock. [I said] ‘I’m breastfeeding. What?’ And she was just like completely amazed that that’s what I chose. ... [But when friends and family members] would come see him, they’d ask, ‘Are you nursing him?’ And I’d say, ‘Yeah.’ And then, they’d be so happy and I just never got any judgments, I guess. ... You know, you hear stuff in the news all the time about women being told ‘Don’t nurse here,’ or if they’re nursing in public. But I’ve nursed over 17 years and I have never, ever been approached. ... I’ve nursed at cross-country meets, at basketball games, at the state cross-country meet. And I doubt anyone has even noticed. Really. Nobody is really paying attention.”

What could have made it better

- Paid family leave, so that having a baby was not such a financial hardship for the family
- Having a work schedule that would accommodate her regular feeding needs, especially during the early months



MANDI

Lives in California. Parent of a 21 month old. Office manager. Identifies as white; Married.

“I was still having to pay for mine and [my daughter’s] health insurance while I was gone ... I think I owed them \$1,200 going back to work for insurance. I’m already strapped, I’ve been living on 55% of my paycheck, and now I got to pay you back for my insurance.”



Mandi’s Breastfeeding Story

Mandi had read about the benefits of breastfeeding, something she really wanted to try and thought would come naturally. Her hospital experience was very “pro-breastfeeding” and her husband was very supportive, which was good because Mandi had never seen anybody breastfeed. Her own mother had breastfed her for 2–3 months before switching to formula. The first eight days of her daughter’s life were “rough” because the baby had a hard time latching properly. Mandi tried a supplemental nursing system and a nipple shield, alongside a pumping routine to get her milk supply in. It was on day 8 that her daughter finally went “direct to breast” and from then until she was 6 months old and would finally accept a bottle of pumped milk, Mandi fed her exclusively on her breast.

Mandi had 6 weeks of paid family leave at 55% of her salary and 8 weeks of short-term disability, after which she had to return to work. She provides the primary income for the household and her job provides insurance both for her and for the baby. Although California allows expecting parents to take 4 weeks off at 50% salary prior to the due date, Mandi could only afford to take one week off. In retrospect, she wonders if she should have taken those additional 3 weeks to prepare more, focus on herself, and get some sleep.



Photo — Mandi



Q

Can you tell me about your transition back to work?

A

“The negative was just not feeling like my baby was ready to be without me yet. ... She just refused the bottle. Flat out refused from my husband ... from my aunt, my mom, me out of the room, me in the room, me gone. She just refused the bottle. ... That was the toughest part about going back to work is knowing that she was not going to feed or eat anything while she was away from me. ... I would feed her first thing when she woke up, and then I would pretty much get ready and leave for work. I would come home from work 4 hours later [on] my lunch break. Sometimes my husband would drive her up to me and I spent many, many, many times

feeding her in the back of our vehicle. ... And then, as soon as I walked in the door when I got home from work she would nurse the second I walked in the door. ... And that was kind of our routine and schedule for about 2 to 3 months, I would say, before she finally accepted the bottle.”

Q

Can you tell me about your experience pumping at work?

A


“Not that they weren’t supportive, but our office is so that I don’t have an office with a door. I’m kind of in a cubicle type setting. I have a desk. And then, there’s only 2 offices in our office suite with doors. And I had to wait to pump until one of the sales reps was gone, so my pumping was never

really on a schedule. ... Mine was all dependent on ‘When are my sales reps going to be gone so I can use their office?’ ... And there were times when they were both there and I knew I couldn’t wait, it had been hours. And I would ask them, ‘Is there any way I could use your office for 10 or 15 minutes?’ ‘Oh, yeah, I’ll go take a break, no big deal.’ And usually one of them would let me use their space and it wasn’t a big deal, but I felt bad having to ask. ... There’s no way [my office] could have [made a lactation room available], which is why I never really went to my boss with this issue even if it is a California state law. But the building complex should be probably, you know, held accountable and have a space besides a bathroom.”

What could have made it better

- Having a dedicated space at work to pump on a schedule, including a non-bathroom sink to clean the pump parts
- Knowledge that it takes some babies longer than others to accept a bottle, and more strategies for getting her daughter to accept it earlier
- More paid time off to prepare for and be with her daughter after birth



A blurred, sepia-toned photograph of a person's face and a laptop, suggesting a work environment. The person's face is in the foreground, looking down, and the laptop is in the background, slightly out of focus. The overall tone is somber and reflective.

Breastfeeding in a hostile work environment

Although many states have requirements about lactation spaces and pumping breaks, these laws do not apply to all employers within the state. In many places, there are simply no requirements. Parents who need to pump at work need a clean and available space, regular scheduled breaks, and accommodations that recognize the physiological requirements of their bodies. Many of the parents in our research described having to fight for these basic accommodations – or being too scared of the response to even request them in the first place.

“DELPHINE”

Lives in New England. Parent of a 9 month old. Family Nurse Practitioner. Identifies as Haitian-American; Married.

“I made a deal with my husband [that I will pump] until [our son is] one. That’s the goal. After that I’m not doing it. ... Long as I can keep my supply up. ... Like, some of my coworkers say that I’m fixated on pumping, but it’s not me. It’s life.”



Delphine’s Breastfeeding Story

Delphine thought that breastfeeding would start easily when her milk came in, but 2 hours before her discharge from the hospital, a lactation consultant pointed out to her that she had flat nipples and handed her some nipple shields. Delphine found them to be a hassle to use and decided to throw them out. Nine months later, she is still exclusively pumping. Delphine tried a lot of different foods to increase her supply, including fenugreek, expensive oatmeal cookies, O’Doul’s beer and Gatorade. Since the baby won’t take formula or many foods, she has to make enough milk for him while he’s at daycare. This means that she pumps before work, during her lunch break, once in the afternoon, and then at 11 at night, and 4 in the morning. She said, “I don’t sleep.”

Even though the hospital where she works is designated “baby-friendly,” she doesn’t find it very accommodating. She’s afraid to ask for a designated pumping break, due to the heavy patient schedule, even though she knows of peers who are also pumping. Her colleagues told her that they weren’t comfortable with her pumping in the office space where they complete their notes. Lactation consultants at the hospital wouldn’t let her have a breast pump part that she forgot at home one day, even though they give them away to nursing patients. Delphine had to leave her job in an Uber to go pick up the needed part at a local medical supply store.

Photo — Kate Krontiris

Q

What were your motivations for breastfeeding?

A

“I didn’t have my mother in the picture because she had me young, like 17 years old, and then my father had full custody of me. So when I was pregnant, I was going through the emotions like, ‘How could you give up a baby that you carried for 9 months? Why didn’t you bond with me?’ ... So, I wanted to be overprotective of my baby, and then I felt kind of useless not being able to produce milk. ... [Also for the] immunity benefits. My husband swears it’s going to help with the allergies and all that stuff. Just to give him a good start in life. ... And knowing my mother didn’t breastfeed me, and it was just something I really wanted to do.”

Q

Can you tell me about any support you got to address the milk supply issue?

A

“Going online. Support groups and just hacks and YouTube. And that really helped me out. ... I wish I went to a lactation class before, but I was like, ‘I know everything. I know everything about pumping. I watched YouTube. I can do it.’ ... My husband scheduled [a visit to a lactation consultant], but I was just like, ‘I’m not doing it.’ And then he was calling for like postpartum therapy and stuff like that, and I was just, ‘Leave me alone. I just want to rest. I’m not interested.’ ... We were only allowed to have a certain amount of formula in the house because [my husband] would freak out. He was like, ‘You’re going to breastfeed.’ ... And we argued throughout the whole thing because I was tired and I had to pump all the time, and it was just consuming all my time. ... And my husband wanted me to go to all these crazy meetings, and I’m tired. I’ll go on YouTube or some kind of forum because I think people are less likely to be fake if it’s online.”

Q

Is there anything about your identity that you think affected your breastfeeding experience?

A

“I watched a lot of documentaries about like African American women and breast pumping and stuff like that, so I wanted to really learn about it more. Now that I have that experience too, I like to encourage – you know [the hospital where I work] has a lot of underserved people that go there. So now I just try to encourage them. Now that I know that they’re less likely to do it, it really helps me with educating. ... Reassuring them that it gets better and try, try and try.”

What could have made it better

- More help with tasks in the house
- A virtual breastfeeding group to help her troubleshoot her issues
- A “hot roller” to massage the breast while pumping to increase let-down
- A work environment that would meaningfully accommodate her pumping needs



“ALEX”

Lives in California. Parent of a 5 and 2 year old. Social Work Masters Student. Identifies as white; Married; Former Military Family.

“I was a milk maid [with the first child]. I told my husband, ‘If the Apocalypse happens, I can be a wet nurse like nobody’s business! You can build stuff, I can feed babies, we’re set.’ It was ridiculous. So it was kind of surprising with my second, to have these [supply] issues.”



Alex’s Breastfeeding Story

Alex had both of her children in the military healthcare system, experiences she said were great. Because of their reimbursement mechanisms, military hospitals experience lower C-section rates, and most low-risk births are attended by midwives – both factors that Alex was excited about, since she was aiming for a natural childbirth. For both of her children, Alex was able to do skin-to-skin immediately after the birth. Breastfeeding came very “easily” to Alex for both of her children. She says that she doesn’t understand why people say breastfeeding isn’t supposed to hurt, because her nipples were definitely sore for 6 weeks, but both of her children latched well.

Alex’s first child was 10 weeks old when her husband deployed to Afghanistan. They were living in the Northwest where he was stationed at the time, far removed from their families in California. She remembers just trying to make it through each day as a solo, working parent. “I feel really removed from that first year of her life because I felt like I had to power through it. She never slept. She woke up 6 times a night to eat. I was exhausted. She had the period of purple crying.” Alex coped by working a lot, even bringing her daughter to work on the weekends, just trying to keep her mind and body occupied. She’s grateful that their nursing relationship worked out well, and she remembers it as the only really bright spot in her daughter’s challenging first year of life.

Photo — Kate Krontiris



Q

Can you tell me about pumping when you returned to work after your first child?

A

“I had to sit on the floor. There was no room because it was the storage / electrical closet. ... A ridiculous amount of times of somebody walking in on me pumping, even having a sign on the door. I tried to make a really obnoxious sign, where it’s the hands-free pumping bra picture where she’s on the floor. It said ‘milking in progress’ because people kept walking in when there was just a sign that said, ‘Please do not disturb.’ They just didn’t care. Our marketing person said, ‘Absolutely not.’ I said, ‘How do you expect me to get this accomplished?’ ...

I started going on the walkie, because everyone had walkies, saying, ‘I’m going into my room, so please do

not disturb.’ ... This woman told me she was going to file a sexual harassment claim if I didn’t stop talking about breastfeeding and breast pumping at work. ... She said, ‘I’m really tired of you talking about breastfeeding hour.’ I said, ‘What?’ She said, ‘It’s sexual harassment. You’re talking about your breasts, you’re at work, I don’t want to hear. If you keep doing it, I’m going to report you to HR.’ ... I stopped talking to her. She was technically higher than me.”

Q

And what about the return to work after your second child?

A

“With my second daughter, I was working as a child advocate [for military families]. I wasn’t a government employee, I was a contractor. ... There were no conditions of special accommodations for our

contract, so the government said ‘You don’t have special accommodations, so we don’t technically have to provide you with any space.’ ... We had these meeting rooms, but they wouldn’t let me reserve them. It was nonsensical. We had this one little tiny meeting room, where you had to go through somebody else’s office to get to, so he kind of used it as his own private meeting room. Luckily, he [led the sexual harassment prevention department]. If there’s anybody you need to tell, ‘I need to be able to whip out my boobs and milk myself a couple of times a day,’ the sexual harassment guy is going to say, ‘Cool, you can use my little room over here.’ ... It’s the South and it’s the military, so those 2 combinations mean a lot of women don’t go back to work after they have children. So, then needing to pump? They hadn’t encountered that often. They hadn’t encountered that often.”

What could have made it better

- More understanding about pumping parents’ needs and accommodation at the workplace
- More proactive planning between pregnant employees and employers about feeding plans upon return to work
- Enforcement of laws that require employers to make these accommodations
- Paid leave



When things go right

For many parents, breastfeeding is a source of success, power, and pride. Our culture holds harmful stereotypes about who experiences this kind of success. Often, these stereotypes develop into implicit biases among care providers, leading them to make assumptions about which patients will be more likely to breastfeed and affecting the nature and depth of lactation support they provide. Our research demonstrated that those stereotypes are patently wrong. Parents from all walks of life, including those of color, from low-income backgrounds, and non-gestational parents, can and do successfully breastfeed.



“ILANA”

Lives in the urban Southwest. Parent of 2 year and 2 month old. Stay-at-home parent, WIC Breastfeeding Peer Counselor. Identifies as Native American and Hispanic; Married.

“About four hours after I had [my newborn], my toddler came back home and she wanted to nurse right away. ... They just look at each other, and my older one will unlatch and lean over and kiss her, or will talk to her and then will start latching on and breastfeeding again.”



Ilana’s Breastfeeding Story

Ilana was proud to share her breastfeeding story, in part because she has had such a successful experience. The daughter of a lactation professional, Ilana says she researched and wrote about breastfeeding for her undergraduate projects and learned a lot about human lactation in the process. She found out she was pregnant with her first daughter right after college graduation and was excited about getting some first-hand experience herself.

Because her older daughter wasn’t yet ready to wean when number 2 came on the scene, Ilana breastfed her first daughter through the pregnancy. Although her supply stopped for a bit, she now tandem-nurses both of them. She’s proud that her body is able to produce enough milk to feed both of them at the same time – so much that she’s even been able to donate her extra milk. Ilana hasn’t had to use the pump too much, since she almost always has a kid around to remove the milk from her breasts.

Photo — Marya Errin Jones

Q

How does your husband’s family feel about breastfeeding?

A

“Because he was born with so many birth problems ... his mom was not able to breastfeed him in the 80s. And so I think that was something new for him, because a lot of his family, they didn’t breastfeed. ... You just give babies a bottle, and then everybody gets a chance to feed the baby as well. ... And so I think it was a big transition for them, that we were not going to be bottle-feeding our children if we could help it. ... And my mother-in-law, I think, did not understand breastfeeding. I think she felt some guilt for not being able to breastfeed my husband. And he’s an only child. She has tried buying me bottles. She has tried convincing me, ‘Just pump and then I’ll give her some milk.’ [I say] ‘Nope, my job is to breastfeed. You guys can burp her when she’s done. You can change her diaper; you can play with her. You can put her down for a nap, but as the mother, my job is to feed her.’ ... And now she has always been very supportive of it.”

Q

Can you tell me about any support you had during your pregnancy and breastfeeding?

A

“We had a home visitor before my toddler was born. ... They just have different topics that you can talk about to prepare yourself or to ask questions, if it’s about, like, the umbilical cord or maybe about circumcision or breastfeeding. And so for the whole 9 months, they would come over every 2 weeks, and it was a free service for us. ... Until your child turns 2. ... Yeah, it’s just for low-income families just to kind of help support them because those are the families that definitely need as much support that they can get. ... Just having this other person that I can call and brag to her as much as I want about my children, how excited I am and proud of them and myself, for all the things that they’ve been able to accomplish and all our breastfeeding goals that we’ve been able to meet.”

Q

Tell me about your plans for the future.

A

“I think I’ve always thought about wanting to become a lactation consultant, and so I think just becoming a [WIC] peer counselor [is] the first step to that. Because I know that to become a lactation consultant, there’s college courses you have to take. There’s a lot of volunteer and observation hours that you have to do. So it takes a couple of years, and I want to be able to do that eventually.”

Q

What advice would you give other parents about breastfeeding?

A

“I think the biggest thing is having self-confidence to do it. So knowing that your body was made to make this baby inside of your uterus and then birth this baby out, and then your body is still capable of sustaining nutrition for your baby right after they’re born, too. And so just having the confidence and knowing that your body was meant to breastfeed.”

What worked for Ilana:

- Having lived experience in lactation support groups and knowledge of lactation from her mom’s profession, even before she was pregnant
- Having the confidence and trust in her body that she could breastfeed
- Having a very robust milk supply
- Participating in a home visiting program with a local nurse

“REBECCA”

Lives in the urban Southwest. Parents of 5 and 3 year old and 4 month old. Stay-at-home mom, studying early childhood education. Identifies as Native-American; Married.

“My mom breastfed all [4] of us. ... [My parents] live on a working ranch, so we lived around cattle. ... Because she had to tote us, feed us, and then be able to drive a big old truck with trailer and horses, you know? ... So she really encouraged the breast.”



Rebecca’s Breastfeeding Story

For all 3 children Rebecca did significant research about breastfeeding and even began nipple stimulation before the birth to bring in her milk. She feels grateful that all her babies latched easily and her supply came in fairly quickly. Her oldest has now seen her nurse the younger 2 and carries the experience with her into her imaginative play. Rebecca says that one of the biggest influences in the evolution of her parenting with her 3 children has been her own studies into early childhood education. Rebecca sees the nutritional elements of her breast milk as the start of lifelong nutrition for her kids, which is itself also connected to her family’s farming and cultural traditions.

Rebecca says she threw away her Medela breast pump, but not before hacking its parts to suit her needs. She found herself disappointed and stressed when she only saw a few drops of milk in the bottles, but found if she shortened the tubing to a third the length of the originals, the milk found its way faster into the bottle. This had a positive feedback effect on Rebecca, and she says that the reduction in stress lead to fuller milk flow. Rebecca also said that she would express only when she was happy. If she was feeling upset, negative or sad, she would try her best not to pump until she felt better.

Photo — Kate Krontiris

Q

Can you tell me about any hospital lactation support you received for your first child?

A

“It was hard because the nurses at the time – and the lactation consultants that I was given – were very, I felt, pushy. ... So they wanted it to be like snap of a finger: ‘Latch on, go!’ You know? ‘Once you’re done, okay! ... 30 minutes – bam! Get her back in there.’ And that was hard, because a new infant who’s just hours old – latching is hard for them to do. You have to be patient. It takes at least 15 minutes for them to smell you, figure out ‘Hey, this is what’s working,’ and then for them to get the flow going. ... But I felt the nurses and the lactation consultant were like, ‘Hurry! Let’s get you in; let’s get you out! We got another mom to go to.’”

Q

How was your most recent birth experience?

A

“As much as they wanted [him] under the lights [as a treatment for jaundice], I fed him as much as I could. So I fed him when they weren’t in there, and when they came back in I’d put him under real fast. They were like, ‘You need to keep him under there.’ And I was like, ‘Well, I need to feed him, you know?’ And they were laughing with me. They were like, ‘I know you’re a mom of 3,’ and I was like ‘Yeah, and I went through it with my daughter; it was just a negative feeling.

I know you’re looking out for him – that’s great, and I’m happy for that – but I’m his mom, and I know that with all my research he needs to poop to get that stuff out. And how does he poop? He needs to eat.’

... And I was vocal with them, this time, so the lactation nurse and my nurse was like ‘Alright, you know what you’re doing. I’m just a nurse.’”

Q

Is there anything about your identity that has influenced how you feed your kids?

A

“Because [one of my family’s tribes] are a maternal society, we get our teachings from our mother’s side of the family. So my grandma would just encourage us to do breast as much as you can. Try to keep them with the traditional ways and to always revert back to your foundation of cultural links. And so I try to do everything as much as natural as possible. ... I’m [from 2 different tribes], and we definitely live in the cities – but our culture and how we’re raising our children is not too far from where we’re actually from.”

What could have made it better

- Lactation and nursing staff in the hospital who could read Rebecca’s pace with breastfeeding, instead of “pushing” her to rapidly feed her baby
- A breast pump that was more efficient at removing milk from her breasts and that also provided a positive feedback loop to keep her calm and promote milk flow



MEG

Lives in rural Vermont. Parent of a 5 month old. Public interest lawyer. Identifies as Lesbian; white; Married; Co-nursing mom; Non-gestational parent.

“So many people think of birth as something you have to get through, but we realized that birth could be beautiful in and of itself. If birth can be wonderful and beautiful, then we thought, ‘What else can?’ Pumping, breastfeeding, those could be more comfortable and enjoyable.”



Meg’s Breastfeeding Story

Meg is a 34 year old mother to a 5 month old baby with her wife, Jocelyn. Dissatisfied with their prenatal care in the local hospital, they researched alternatives and decided to spend the extra money on homebirth midwives recommended by friends. “The level of attention and care we felt just at that one interview was so drastically different from what we had received in the hospital,” Meg said. After switching, she confessed to the midwives that she had doubts about being the non-gestational parent. Were they going to be able to bond?

The midwife suggested inducing lactation so she and Jocelyn could co-nurse the baby. Meg followed an induction protocol created for adoptive parents, which involved pumping for 30 minutes every 3 hours for 3 months prior to the baby’s birth.

Pumping was difficult and painful. Luckily, insurance covered pumps for both mothers. After consulting a lactation consultant and a Facebook group geared towards LGBT, non-gestational parents, she eventually modified a Spectra pump with Medela parts and Pumpin Pal flanges to create a comfortable solution. By the time her baby was born, Meg had pumped 800 ounces of milk!

Meg and Jocelyn both work from home. They now have a schedule where each is responsible for nursing during certain windows of time during the day. The mother not feeding the baby tries to pump as well to maintain her supply. Meg has donated 2000 ounces of milk to moms in her local community.

Photo — Catherine D’Ignazio

Q

How did you learn about inducing lactation?

A

“One of our midwives suggested it and said, ‘As a woman, your body can do things to connect with the child that a man’s body can’t necessarily do.’ I started looking it up and found this book called Breastfeeding Without Birthing. It was actually written more towards adoptive parents and surrogates – there is no book for lesbian co-nursing moms! And then I found a GLBTQ non-gestational breastfeeding group on Facebook where there are a lot of people supporting each other through the induction process.”

Q

How much did you have to pump when you were inducing?

A

“I did double-pumping. So I did it on both sides at the same time for 30 minutes each time, every 3 hours. At night, too. I would get up in the middle of the night and

do it. It was kind of horrible. I stuck with it because of my obsessive personality. But it was very painful, particularly at first. Now my breast pump is pretty hacked together from a Spectra and a Medela pump. The only reason we could remotely afford that is because we each got a pump covered by insurance.”

Q

Was shifting to co-nursing smooth?

A

“Our biggest issue was we ended up sharing the breastfeeding a little too early, and we didn’t have a schedule. Jocelyn was tired from the birth and didn’t pump, whereas I was both pumping and nursing. Her supply just kind of tanked. She took supplements but her body didn’t really respond to them. We were concerned that [our daughter] wasn’t getting enough, but the midwives checked her out and said, ‘This isn’t a baby who’s only eating 50% of the time.’ Getting on a regular pumping schedule did help Jocelyn build her supply back up. Now I work from home, and Jocelyn is taking care of [the baby]. So right now

the schedule is that 9 AM to 5 PM is Jocelyn’s feeding time. And I usually pump once or twice in that period. Then I have 5 PM to 1 AM. Jocelyn has 1 AM to 5 AM, and I have 5 AM to 9 AM.”

Q

Tell us about finding information during this whole process.

A

“The knowledge surrounding pumping – the common knowledge – is so limited. I feel like you have to seek out all these lactation consultants or all of these additional resources to even know about any of that. The GLBT Facebook groups are helpful, especially because we live in a rural area. Although oftentimes you have to take the advice with a grain of salt, because sometimes people are saying really crazy stuff. But they helped me find resources like the Breastfeeding Out of the Box podcast about nontraditional situations. One funny note is that I bought the Breastfeeding Without Birthing book through a Kindle that my dad loaned me. So my dad was like, ‘Oh, Meg. Now all of my book recommendations are about lactation!’”



What worked for Meg

- Good insurance and flexible schedules for both partners
- Supportive family and geographic community
- Finding caring alternative care in midwives at 22 weeks pregnant and being able to pay out of pocket for their services
- Resourcefulness finding Facebook groups and books on inducing lactation
- “My obsessive personality”

“CARISA”

Lives in MS. Parent of a 2 year old and 11 weeks pregnant. Marketing. Identifies as Mexican, white, and Native American; Married; Christian.

“[Breastfeeding was] some beautiful thing. I will never forget that squint in her eyes. ... I don’t know how to describe it. ... It wasn’t even really the, ‘Oh, I’m breastfeeding my child.’ It was the fact that she was pleased.”



Carisa’s Breastfeeding Story

Carisa’s pregnancy and labor were very smooth – so smooth that she didn’t even realize she was having contractions. When she got to the hospital, she was 8 centimeters dilated. Because things were going so well, she decided to have an epidural to make the entire experience as pain-free as possible. She and her daughter were able to do a “golden hour” of skin-to-skin after the birth, and the baby “head-butted” her way up to Carisa’s breast to feed. Carisa remembers that moment as being like “magic.” Her milk came in without any problems.

Although she only had 4 weeks of unpaid leave, Carisa says her job made it really easy for her to maintain exclusive pumping when she returned to work. ‘They had a lactation room with 2 rocking gliders and ... an air purifier and a fan, and there were 4 other women who were doing it. And everyone had their own mini refrigerator. ... And the girls would leave their stuff in there, like their bags, so I didn’t have to carry this pump back and forth to my desk.’ She and her breastfeeding colleagues got a 20 minute break to pump every 2 hours, in addition to lunch. Carisa’s daily schedule also allowed her to spend a few hours with her daughter in the morning before going to work. She was pumping more than her daughter actually needed, so Carisa was able to build up a freezer supply that lasted 10 months.

Photo — Kate Krontiris

Q

What were your thoughts about parenthood?

A

“I was born in Houston. And then I was adopted. ... I realized with my rocky childhood and not really having that family, [that] family is just not for me. I am never going to get married. I’m never going to have kids. I’m just going to focus on being successful, finding something that I really like to do and just do it. ... Whenever I found out I was pregnant I was overjoyed and excited. It was like a light switch. ... And a part of me, I realize now that I’m able to come to terms with it, I was kind of like, ‘I don’t deserve that.’ ... But really it is for me, you know what I mean? And I deserve that.”

Q

What were your motivations for breastfeeding?

A

“I had one friend who planted the seed and was just like,

‘How do you feel about it? Would you ever [breastfeed]? I just want to encourage you to do it.’ ... Because my husband and I weren’t married, I applied for Medicaid and I was accepted. ... So going to that class at the WIC for breastfeeding was a requirement. ... If you took the breastfeeding way, you had to take a certain number of classes in order to get [a pump]. ... I can’t say that if it wouldn’t have been for the WIC, that I wouldn’t have breastfed, but it definitely made it easier being a part of other women who were going either the same pregnancy age as I was and, you know, getting that phone call [from a WIC lactation consultant saying], ‘Hey, how are you feeling?’”

Q

Do you think there’s anything about your own skills, talents, or interests that affected your breastfeeding experience?

A

“I’ve always been kind of like a self-aware person. ... And you know, that’s carried me on through multiple decisions that I have made in my life

that have led me on a different path. So just being self-aware and not being afraid [of] rebelling. I hate the fact that breastfeeding is like rebelling. Or that I’m saying that it is. But at the same time, it was an alternative. And me enjoying alternatives is [a factor] – you know, I’m married to a Black man. And I was raised by these white people, who were kind of like, ‘We’re white. So you have to be with a white person.’ And I’m like, ‘I’m not white.’ You know? So, it was kind of like, ‘Of course, you would marry a Black man.’ It’s just kind of, like, always been that. So I guess it’s just that what others might consider rebellion has always kind of led me to make certain decisions.”

What could have made it better

- Paid and more leave to develop the breastfeeding relationship with her daughter before returning to work
- More understanding of and support for her choice to breastfeed from her family

“ANA”

Lives in New England. Parent of 6 week old baby. Stay-at-home mom. Identifies as Guatemalan; Recent immigrant; Spanish-speaking.

“I like breastfeeding now. At one point, I was going to quit because I was in so much pain. But now it is much easier, faster and cheaper than formula.”



Ana’s Breastfeeding Story

Ana came to the United States at 6 months pregnant to join her husband, Juan. They decided to leave Guatemala because of the lack of work and the high rates of crime. They came to Boston because Ana has an older sister in the area. Juan was present for the birth of their baby, and Ana’s sister acted as a translator. Ana’s daughter was born naturally and in good health. Mother and daughter were able to room-in together at the hospital.

Ana thought that they had gotten off to a good start with breastfeeding in the hospital. But breastfeeding was very painful, so painful that Ana thought she might quit and give her daughter formula. A follow-up visit revealed that the baby had lost 2 pounds and was clearly not getting enough milk. Learning this was very traumatic for Ana, who thought that things had been going well despite the pain. Ana really wanted to succeed – breastfeeding is the norm in Guatemala and babies are rarely fed formula at birth.

Fortunately, her federally-funded clinic had Spanish-speaking lactation consultants on staff, so Ana went directly from the pediatrician visit to consult with the lactation specialist. She was able to show Ana that her daughter was latching on the nipple, not on the whole breast. They returned to the clinic in 2 days for a follow up visit, and the baby had gained weight. Since then, breastfeeding has been going very smoothly.

Photo — Catherine D’Ignazio

Q

How did you figure out that the baby’s latch wasn’t working?

A

“[A certified lactation counselor at the federally funded clinic] told me what was happening. She asked me if I was giving her formula or breastfeeding. I told her I was breastfeeding. She said, ‘Show me,’ and I showed her. And then [the baby] was not holding on well to the nipple and was not getting almost anything. They taught me how to do it, so I started practicing at home and such. So she started wetting more diapers. And then I would bring her [to the clinic] for appointments three times a week to see how many ounces she was gaining. And so it was like that for several weeks, me coming over, and over, and over. Luckily she was gaining an ounce almost daily. Once she weighed eight pounds again, they said I just had to come in once a month.”

Q

Will you work outside the home in the future?

A

“I graduated as an agronomist and I like to work with animals. And when I was in Guatemala I worked on farms, but later on that became really difficult. ... Here, I’ll probably go to work when she is 4 or 5 months old. Doing whatever – cleaning or in restaurants. As you can understand, here you pay for everything, medicine, all that, so that is why I’d work. Sometimes – my husband – there are days when he has a job and there are days when he doesn’t, so, for that reason.”

Q

Is pumping common in Guatemala?

A

“No, it is not really known because usually most women

breastfeed the babies. Otherwise there is formula, but only if they can’t make enough milk. There are some manual pumps that the school teachers use. The school teachers will work outside the home to give lessons and leave their children, so they would use the pump then but they don’t really use the milk they extract. They have to throw that milk away because there is nowhere to store it.”

Q

Why did you want to breastfeed even though you had challenges?

A

“Because breast milk is the best nourishment for the baby, so I didn’t understand why I would use formula if I was able to breastfeed. I’ve always heard that through my family. Also sometimes there isn’t money, and formula is an extra expense.”

What worked for Ana

- A partner, family and culture that support breastfeeding
- Having her sister acted as a translator when medical facilities couldn’t provide one
- Getting immediate, in-person lactation support from a lactation specialist in Spanish when the pediatrician noted that her baby had lost weight



“TAMARA”

Lives in New England. Parent of a 9 month old baby. Healthcare worker, Life Science student. Identifies as Black; Young.

“At one point, yeah. I was pumping every 2 to 3 hours for like a good 2 to 3 months. ... That’s kind of who I am. I’m a pusher. I have drive. I like to get things done and be productive and successful in what I’m doing.”



Tamara’s Breastfeeding Story

When he was born, Tamara’s son “didn’t want to open his mouth,” and for the first 2 weeks she fed him with a syringe of milk she had pumped from the breast. Her son didn’t really like the bottle, so she persisted in helping him latch properly. She also experimented with her pump and discovered that if she pumped to mimic the way her son breastfed – first at one breast, and then at the other – she was much more successful. Finally, at around 2–3 months, her son figured out how to latch and then all he wanted to do was stay on the nipple. She said, “He was like, ‘Yes! This is what I’ve been missing!’ ... He’d be on there for, like, a good 45 minutes to an hour.”

With the help of a good lactation consultant, her family and resources on the internet, Tamara was able to nurse her son until he was 7 months old. She had returned to school a few months prior, and with so much going on she found it hard to pump on a schedule, which she knew would help keep her supply up. When the baby started eating food, he didn’t want to nurse much anymore and started to bite her. She thought, “I guess we’re done.” In later correspondence, Tamara said, “My son’s first year birthday just passed on Saturday and I am blessed to say he has been sick only once with a common cold. No ear infections, no frequent visits to the doctors, none of that at all! I blame breastfeeding!”

Photo — Rebecca Michelson

Q

What is a typical day like for you?

A

“So, wake up in the morning. Get myself ready, get my son ready. I take him to daycare. ... I drive out, find a parking spot because in the area that I work [there is not] a parking lot that I can park in. ... I take the bus to get to his daycare. I drop him off and I cross the street to my job. I work. 7:00 AM to 3:30 PM. Then pick him up. Take the bus back to the car. Either I would drop him off at my aunt or my mom would take him from me, and then I would go to class from 5:00 PM to 9:30 PM. Then after class I drive out to go get my son from my aunt’s house. We have dinner there. And then get him ready for the next day, and then we come home.”

Q

How was your pregnancy?

A

“When I first got pregnant, I

had somewhere to stay. And then eventually I got kicked out of that place so I was homeless. And I was staying in, like, a day shelter kind of thing, and at one point I was staying at my aunt’s. And I was staying with different friends and stuff. And I was staying in my car some nights. So that was one thing that was hard.”

Q

What about your life could have been different to support your breastfeeding goals?

A

“[The apartment management where I have lived with my son since he was born] used to always complain, like, ‘Can you get him to be quiet? If he’s crying you have to pick him up and hold him.’ Even if you’re holding him he may still cry. ... The environment that I was in when I first started breastfeeding – I feel like if that was different, I probably would still be giving my son breast milk. Like even now. ... I would have been more comfortable. I would have not been worrying about other

people and I would have kind of been in my own space. When I wanted to pump, I would be able to pump. ... I’d be able to put that energy towards pumping, or be able to use it differently.”

Q

Is there anything about your identity that you think affected your breastfeeding experience?

A

“I feel like because I’m sort of young-ish, I guess, and I’m Black, that there was some people that didn’t really think that I was going take this as seriously as I did. ... But I’m not going to lie. There was a point where I was just like, ‘You know what? ... Maybe this isn’t for me. Maybe I’m not going to be able to do this.’ And I just wanted to be, like, start giving him formula full time. But I guess, like I said my support system was just like, ‘Push. He’s going to get it eventually, and you guys are going to find something that works for you.’ So I kept trying.”

What could have made it better

- The ability to plan a schedule that included regular and reliable pumping breaks
- A “safe, comfortable, warm environment to feel confident about pumping”
- Apartment management that was more empathetic about the realities of parenting and feeding a new baby

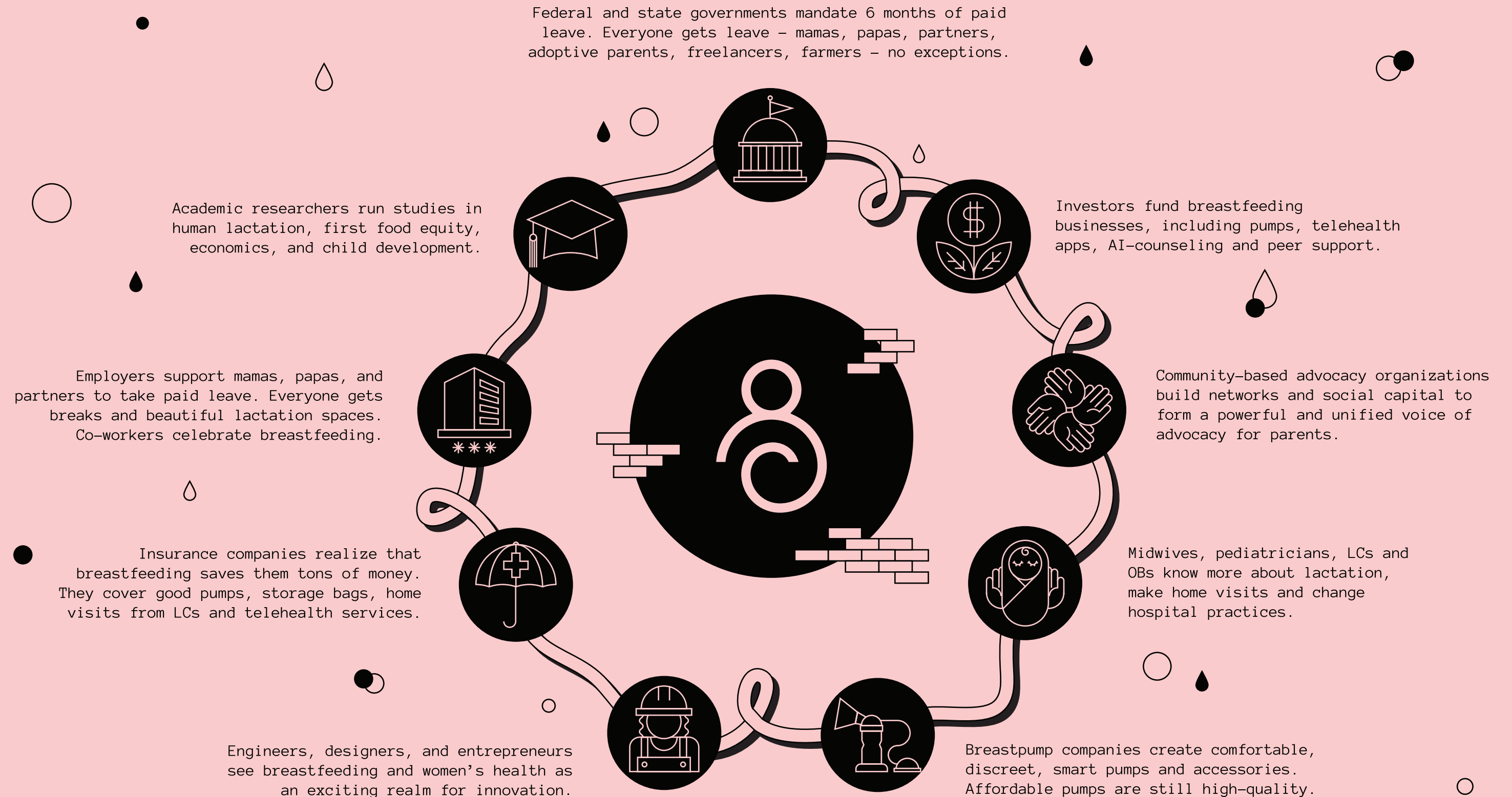


THE FUTURE OF BREASTFEEDING

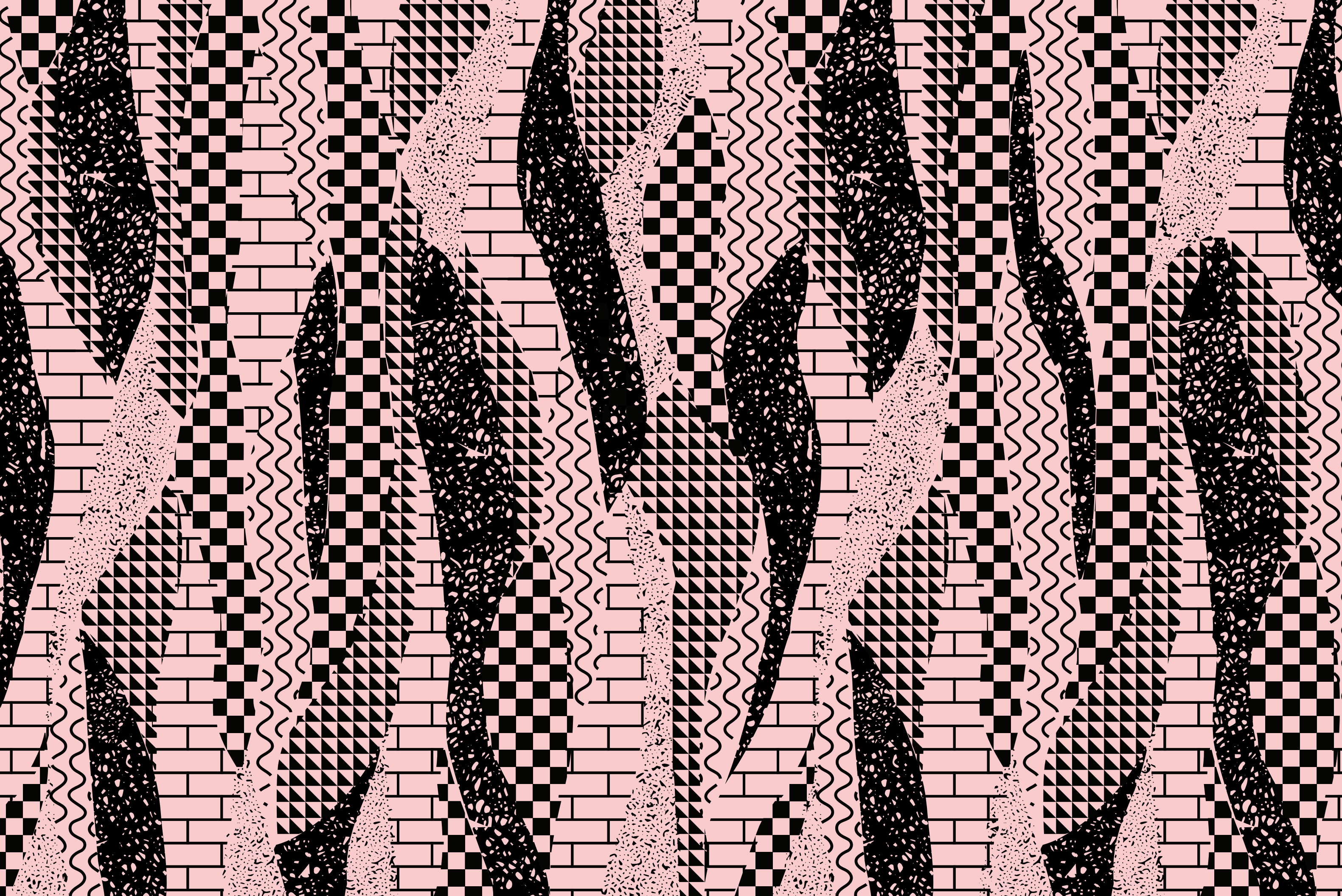
IS IRREVERENT AND
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MAMAS, PARENTS, AND
BABIES AT THE CENTER.

All parents can earn money for their families AND breastfeed their babies — because they have time, support and useful products.

Mamas and papas never blame themselves for “failing.” They demand and get more from the broken systems around them.



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